

**GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE
EDUCATORS**

by

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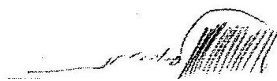
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DECLARATION

I declare that **GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



SIGNATURE

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GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

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ABSTRACT

Self-leadership has emerged as a leadership style that can be utilised to achieve successful performance for the individual and the organisation, prompting the question: *What can be done to facilitate self-leadership within nurse educators in nursing education institutions?* The purpose of this exploratory, descriptive sequential mixed-methods study was to understand the self-leadership within nurse educators in order to develop guidelines that could facilitate their self-leadership. The integrative literature review, qualitative and quantitative data were integrated and used to develop and validate guidelines that could facilitate self-leadership in nurse educators. Phase 1 (subphase 1) consisted of an integrative literature review that explored and described the concept of self-leadership in nurse educators. In Phase 1 (subphase 2), semi-structured focus group interviews were conducted with purposively selected nurse educators from three sampling units, namely a private nursing school, nursing college and university-based nursing departments in two of the nine provinces in South Africa to explore the nurse educators' perception of their self-leadership, and how self-leadership could be facilitated in a nursing education institution. Phase 2 of the study entailed developing a structured questionnaire based on the findings of Phase 1. In Phase 2, quantitative data were collected from nurse educators appointed at the remaining nursing education institutions in the two provinces which were not selected for the qualitative phase of the study. This phase was aimed at determining and describing the nurse educators' (n=265) perceptions on their self-leadership practices in a nursing education institution, using a self-administered questionnaire. For the integrative literature review, the method of data analysis as outlined by Miles and Huberman was used (Whittemore & Knafl 2005:550–552). The qualitative data were analysed according to Tesch's protocol of data analysis. The themes that emerged were perceptions of self-leadership in nurse educators; engagement in self-leadership activities; motivational factors in self-leadership; and facilitation of self-leadership in nurse educators. The quantitative data were analysed using descriptive statistical methods (SPSS version 25). The participants gave their

perceptions on 11 composite constructs. Nurse educators agreed the most on natural reward, intrinsic motivation, role modelling and shared leadership but agreed less with management support and positive self-talk. To establish rigour, the researcher utilised diverse empirical and theoretical sources as data sources, and applied strategies to ensure trustworthiness and performed validity and reliability tests. The findings of both Phase 1 and 2 were integrated to develop and validate guidelines to facilitate the self-leadership in nurse educators. Twelve guidelines were developed and were validated by field experts. The guidelines propose recommendations for nurse educators and the management of the nursing education institution, as well as other associated stakeholders such as SANC and government.

Key concepts

Autonomy-supportive environment; facilitation of self-leadership; guidelines; integrative-literature review; nurse educators; nurse educator self-leadership; nursing education institution; self-development; self-leadership; self-leadership practices; self-mentoring.

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Dedication

In loving memory of my late younger brother Gudani Matahela and late grandmothers Vho-Phophi Raphunga Ndou Mamathaba and Vho-Thifhufheli Ndou Matahela .

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LIST OF ABBREVIATIONS

CPD	Continuing Professional Development
DENOSA	Democratic Nursing Organisation of South Africa
GP	Gauteng Province
JB	Joanna Briggs Institute
KZN	KwaZulu-Natal
NDoH	National Department of Health
NEI	Nursing Education Institution
SANC	South African Nursing Council
SPSS	Statistical Package for Social Sciences
UNISA	University of South Africa
4IR	Fourth Industrial Revolution

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Nurse educators are influential in the production and training of nurses in the country. They are role models to students, and are also leaders in their communities. It is of paramount importance that nurse educators are self-leaders, who show responsibility for their actions, and strive to deliver quality teaching to students. In order to achieve quality teaching and learning, nurse educators need to work with one another as teams, even when they are under-resourced, or faced with challenging situations. They ought to be able to motivate themselves, and to improve their performance even in the absence of their designated leaders.

It is, however, not known how nurse educators perceive and understand the leadership within themselves, a phenomenon known as self-leadership. It is also not known how nurse educators practice self-leadership in nursing education institutions.

The researcher will use a mixed research design to explore and describe the self-leadership of nurse educators in nursing education institutions, in order to describe facilitative guidelines.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Modern institutions of higher education are operating in the era of fast-paced, high-tech, information-based competitive environments, with a generation of students that are more digitally sophisticated than any previously, which expect to be taught and to learn using methods that suit their personal preferences, and at their own pace (Price Waterhouse Coopers 2015:4).

In order to remain competitive in the global environment, these institutions endeavour to reduce teaching costs and improving the academic staff's efficiency competencies, teaching skills, and professional attitudes, so as to positively influence student

achievement (Mendoza 2017:74). This has led to an increased need for a more dynamic and flexible teaching workforce, who take responsibility for their own job tasks and accountability of their work behaviours, without being constantly monitored by their designated leaders. Usually, leadership is viewed as an outward process, involving the influence of formally designated leaders on followers. However, a relatively new view of leadership suggests that organisational members are capable of leading themselves to some degree, which enhances employee empowerment, self-leadership within teams and sharing of leadership throughout the organisation (Neck, Manz & Houghton 2019:135–137).

Organisations are also moving away from top-down, autocratic leadership styles to shared and participative leadership styles, wherein staff are encouraged to think together, dialogue with one another, and make the organisation a learning environment (Razieh, Reza & Saeid 2013:193–203). Given the paradigm shift of organisational environments moving away “from the traditional top-down command and control leadership style to a focus on intrapersonal or internal leadership skills that can make individuals make smart decisions in the absence of traditional external leadership, self-leadership has emerged as one way to achieve organisational success” (Razieh et al 2013:201). When employees lead themselves, they identify and replace ineffective behaviours, take more personal responsibility and accountability for their actions, and improve professional performance (Razieh et al 2013:201; Qodriah, Hartati & Karim 2019:82).

Self-leadership is a process through which people influence themselves to achieve the self-direction and self-motivation necessary to behave and perform in desirable ways (Stewart, Courtright & Manz 2019:47). Self-leadership is a concept that originated in the USA, and has been researched mostly in Western cultures and primarily in the USA and Europe (Alves, Lovelace, Manz, Matsypura, Toyasaki & Ke 2006:348; Ho & Nesbit 2014:404). Since then, other studies on self-leadership in different cultures or countries have been conducted and published. Self-leadership can have different meanings across cultural contexts, and may be applied differently in different cultures (Alves et al 2006:356). However, Ho and Nesbit (2014:410) found that self-leadership and work outcomes found in Western-based studies could be extended to the Chinese organisational settings. According to their study, organisations may train their workforce on self-leadership skills to enhance their job performance and job satisfaction (Ho & Nesbit 2014:410). Ugurluoglu, Saygili, Ozer and Santas (2013:9–10) researched the self-

leadership of healthcare personnel in a hospital setting in Turkey, where they discovered that self-leadership could be learnt, and that employees' self-leadership skills could be facilitated by both formal and informal programmes on self-leadership, thereby facilitating employees' assertiveness in the execution of their duties.

Marshall, Kiffin-Petersen and Soutar (2012:718) studied the self-leadership of teachers in vocational colleges in Australia, and found that the vocational teachers' self-leadership was influenced by the teacher's immediate manager's use of transformational leadership behaviours. The teachers whose immediate managers communicated a clear vision for the future expected high performance, provided individualised support, and challenged the teachers about their work, were more likely to practice self-leadership (Marshall et al 2012:719). Self-leadership is also an effective attribute where teamwork is required, for example running of research projects, or engagement in curriculum development, provided there is a common vision and set of values for the educators (Marshall et al 2012:708). Moreover, when individuals that are working in teams have self-leadership, there is less dependence on traditional leader authority figures for direction and influence (Bracht, Junker & Van Dick 2018:120).

In order to ensure that the country keeps abreast of technological changes, globalisation, and modernisation, the new South African government has introduced numerous policy frameworks that are aimed at improving quality of service delivery in all sectors, including the health sector. The study is being conducted in an era when the government is going ahead with plans to offer universal healthcare services through the National Health Insurance. The National Development Plan, which is a blueprint guiding document for long-term vision for the government, calls for health systems strengthening of health establishments and institutions through filling of vacant posts with skilled, committed, and competent health professionals by 2030 (National Department of Health 2019a:13). The country is currently undergoing legislative reforms that require nursing education to be positioned in the higher education band, and this will have an influence on the training of nurses in the country (National Department of Health 2019b:4). Thus, there is a call for a new way of leadership in nursing education institutions that ensures organisational success during these reforms, whilst simultaneously contributing to the improvement of the functioning of country's health systems (Blaauw, Ditlopo & Rispel 2014:1).

Such is the problem of increasing unprofessional behaviour and conduct by public servants, including nurse educators, that the South African government introduced the Public Service Charter in order to curtail poor leadership, maladministration, and misconduct of public servants (Department of Public Service and Administration 2013:5–6). The Charter was aimed at committing public servants to be polite, helpful and accessible to the public and to treat members of the public as customers, who are entitled to high standards of service. Public servants are also expected to work within the policy framework of the Batho Pele (putting people first) principles, an initiative by the government to get public servants to be service-orientated, and to strive for excellence in service delivery and commitment to continuous service delivery improvement (Department of Public Service and Administration 2019:9).

Nurse educators should realise that they are key role players in the realisation of the government's health reforms, since they are directly involved in the production of competent and caring nurses through teaching, mentoring, and socialisation of student nurses into the nursing profession in their respective nursing education institutions and clinical facilities. Nurse educators do not only have the demanding competencies of facilitation of theoretical and clinical teaching, they also have the fundamental and inevitable leadership roles in the classrooms and in their communities. As major role players in the personal, professional, and academic development of student nurses, nurse educators can, through their students, influence the care of patients, families and communities (Bruce, Kloppe & Mellish 2011:107).

There is a shortage of skilled health care professionals in the country, which impacts on service delivery (South African Lancet National Commission 2019:74). This shortage leads to increased pressure on nursing education institutions to increase their student nurse intakes. This situation has even led to the political leaders in the different provinces stipulating mandatory annual intakes of new student nurses in public nursing education institutions in order to meet the health demands (Academy of Science of South Africa 2018:79). Consequently, there are a disproportionate number of students in classes when considering available nurse educators. Large numbers of students not only pose a problem for nurse educators during classroom teaching, but also pose problems in clinical settings, where students require proper accompaniment and guidance. This situation also leads to lack of proper support for students with personal or psycho-social problems. Other compounding problems that negatively affect the teaching performance of nurse

educators – regardless of their competence – are lack of teaching equipment, and inadequate infrastructure and delays in the filling of vacant posts, resulting in poor nursing education and student under-achievement (Ndawo 2014:2).

As coordinators of programmes, disciplines, subjects and projects in the institutions, nurse educators are recognised as very strong role models, who can easily foster the leadership development of student nurses (Billings & Halstead 2016:53). Thus, educators as leaders in their own right are valuable assets in their respective institutions, and as such, are strongly expected to mirror the institution's core values in all the diverse and multiple tasks in which they engage (Mendoza 2017:74). However, leadership experts such as Neck et al (2019:x) posit that one cannot be expected to lead others effectively if they are unable to lead 'the self' effectively. The challenges that nurse educators encounter during teaching and learning require nurse educators who are creative, innovative, resilient, and self-leaders. Individuals with self-leadership have high degrees of internal motivation, that is, they have the internal drive to expect more of themselves and to persist through difficulties, until they achieve their goals (Watson 2006:460).

At national leadership level, there has been some reference to the importance of self-leadership. Mandela (2006:xxxi) challenged South African leaders to embrace *Ubuntu* and lead from the inside, within the spiritual dimension of "the self", to have self-knowledge, to self-reflect, and to refrain from acting impulsively. During his inaugural State of the Nation Address in 2018, the current president of South Africa, Mr. Cyril Ramaphosa, made a clarion call to all citizens by quoting the song *Thuma Mina* (Send Me), in a bid to highlight the importance of self-sacrifice, individual responsibility, personal change in mind-set, and getting directly involved in finding solutions when faced with challenges (Maluleke 2018:n.p). The act of practising self-leadership would bode well for academics in the country's higher education institutions as they are expected to respond to the disruption brought about by the fourth industrial revolution (4IR), through infusing the 21st century competencies across curricula and teaching methodologies whilst putting emphasis on adaptability, innovation, collaboration, self-directed learning and critical thinking (Penprase 2018:n.p).

Mahembe, Engelbrecht and De Kock's (2013:2, 9) study tested the generalisability of theoretical models of self-leadership to a South African sample and concluded that the self-leadership concepts, methodologies, and the questionnaire used in other countries

was reliable and valid in a South African context. Van Zyl (2013:64), however, postulates that the practical implementation of self-leadership in African society is not easy, because responsibilities within the traditional African culture are easily shifted to the group as a whole, resulting in the group's responsibility easily becoming nobody's responsibility. However, if self-determined individuals were to utilise purposefulness to the advantage of the group, each group member would readily accept responsibility and act on it. Van Zyl (2013:64) further suggests that African employees ought to be taught to utilise self-leadership strategies such as self-evaluation, self-knowledge and self-development from an early age so that a self-leadership culture can be created in order to reduce feelings of self-neglect, unhappiness, and self-dissociation amongst employees.

Jooste (2014:478) found that leadership development programmes for African nurse educators led to an increased awareness of self-leadership, self-confidence, improved self-efficacy, and increased commitment to scholarly growth and professional development. However, there is a scarcity of literature that clearly describes the meaning and practice of self-leadership in a nursing education context. It is therefore necessary to explore the self-leadership of nurse educators in nursing education institutions, and develop facilitative self-leadership guidelines that will improve the performance of nurse educators during teaching and learning.

The researcher is concerned that if student nurses are trained by educators who do not demonstrate self-leadership and role model good behaviour, values and attitudes, then government programmes such as the National Health Insurance, National Developmental Plan, and other policy frameworks such as the Batho Pele principles will not be realised, because students learn behaviours during their socialisation process into nursing during the teaching and learning process.

1.3 RESEARCH PROBLEM

In spite of studies on self-leadership of managers being available in literature, these studies do not address the self-leadership of nurse educators, who are also leaders in their own right, nor do they tap on the academic context or educational settings within which nurse educators work. Previous studies regarding leadership in nursing education institutions have focused on exploring how head of departments and principals influence

followers (nurse educators and students) and do not consider that leadership extends beyond formal authority of designated or appointed leaders (Neck et al 2019:3).

Although teaching nurses is a rewarding and fulfilling job, nurse educators can also find themselves involved in undesirable situations that can negatively affect the teaching-learning environment. According to Clark (2013:42–43), nurse educators sometimes encounter disruptive and uncivil student behaviours during classes, such as student talking during lessons, using cell phones without permission, confronting and undermining the educator's point of view, verbally abusing the educator and fellow students, coming late, and leaving class early. These student behaviours can lower the self-esteem and create self-doubt in the educator. However, as leaders, nurse educators are expected to deal with such situations with a positive state of mind or psychological well-being, that is, with optimal self-esteem, confidence, calm, thoughtfulness, reflection, and resilience, in order to model and promote the professional development of these students. Moreover, educators ought to apply a positive moral perspective to lead by example when they communicate through their words, and they are expected to display deeds of high moral standard and values that contribute to supportive learning environments (Altan, Lane & Dottin 2019:179).

It is therefore incumbent upon the nurse educators to conduct themselves in a manner that demonstrates self-control, self-regulation, and professional modelling in such situations in order to ensure that the classroom is a conducive and non-threatening teaching and learning environment. However, there are nurse educators whose behaviours do not resemble the self-leadership attributes: they resist new changes in nursing education, detest innovations, and no longer have the motivation to teach; while some go to class unprepared and some victimise and harass students and their colleagues both verbally and emotionally (Clark 2013:71–72; Goldberg, Beitz, Wieland & Levine 2013:191–197; Schaeffer 2013:179). These unfortunate behaviours by nurse educators do not only lead to poor working relations with their colleagues, but can also lead to students leaving the course or the nursing profession altogether (Edmonson & Zelonka 2019:274).

Based on the background above, the following research question arise:

What can be done to facilitate self-leadership within nurse educators in nursing education institutions?

1.4 AIM OF THE STUDY

1.4.1 Research purpose

The purpose of the study is to understand the self-leadership within nurse educators in order to develop guidelines that could facilitate nurse educator self-leadership.

1.4.2 Research objectives

The objectives of the study are to:

- explore and describe the meaning of the concept self-leadership within a nursing education institution context through an integrative literature review
- explore and describe the perceptions of nurse educators with regard to their self-leadership and how this can be facilitated in a nursing education institution
- determine the self-leadership practices of nurse educators in a nursing education institution
- develop guidelines to facilitate the self-leadership of nurse educators in a nursing education institution

1.5 SIGNIFICANCE OF THE STUDY

It is hoped that the study on self-leadership of nurse educators will add value to the existing body of knowledge on leadership in nursing education institutions, and also that the developed guidelines that facilitate self-leadership on nurse educators would improve the relations between students and nurse educators in the teaching-learning process, as well as relation between nurse educators and other members of staff in the nursing education institutions. The study might influence policymakers and nursing education institutions' management to examine ways of developing nurse educators to be self-leaders, who can improve the overall functioning of the nursing education institutions. The

study may be used by other nursing education institutions and nurse educators outside of Gauteng and KwaZulu-Natal provinces for guidelines on the self-leadership of nurse educators.

1.6 DEFINITIONS OF TERMS

1.6.1 Self-leadership

Manz (2015:135) defines self-leadership as a process through which individuals influence and lead themselves, and through self-regulation, strategically analyse their actions to control their own behaviour and thoughts by using specific sets of behavioural and cognitive strategies that increase personal effectiveness and performance. For the purpose of this study, self-leadership takes place when nurse educators self-direct and motivate themselves to succeed and improve performance in an educational setting.

1.6.2 Nurse educator

The nurse educator is a registered nurse who has successfully completed a course in nursing education, and who is registered with the South African Nursing Council as a nurse educator in accordance with Regulation R118 of 23 January 1987 (SANC 2014:1). For the purpose of this study, a nurse educator was teaching at a nursing school, nursing college or university.

1.6.3 Facilitation

Facilitation refers to a dynamic-interactive process for the promotion of health through creating a positive environment, mobilisation of resources, and the identification of obstacles in the promotion of health (University of Johannesburg 2009:1–9). In this study, facilitation refers to the process of promotion of nurse educators' self-leadership by creating a positive environment and mobilising resources within the environment (nursing education institution).

1.6.4 Guidelines

Systematically developed statements that promote utilisation of best available research evidence in practice are referred to as guidelines. They are advisory statements that provide actionable recommendations to assist practitioners and health policymakers about appropriate actions or decisions to take when intervening for identified problems in a particular setting (Kredo, Bernhardsson, Machingaidze, Young, Louw, Ochodo & Grimmer 2016:122–123). In this study, guidelines that could facilitate nurse educator self-leadership were developed.

1.6.5 Nursing education institution (NEI)

For the purposes of this study, a nursing education institution is a higher educational institution, either a private nursing school, public nursing college or a department or a school of nursing within a university which offers professional nursing education programmes at basic and post-basic level, and where such education has been accredited by the South African Nursing Council in terms of Nursing Act (Act No. 33 of 2005) (Republic of South Africa 2005).

1.6.6 Nursing school

A nursing school is a training institution offering lower nurse category courses that either leads to enrolment as a nurse and/or a nurse auxiliary but do not offer the R425 four-year programme. Some of these institutions are accredited by the SANC to also offer a bridging programme leading to registration as a general nurse and clinical speciality nursing (post-basic) programmes. For the purpose of this study, a nursing school is independently run or funded by private individual or companies (Kotzé 2013:123–124).

1.6.7 Nursing college

A post-secondary educational institution that offers professional nursing education programmes at basic and post-basic levels, where such education has been approved according to SANC Regulation R425 of 22 February 1985 (SANC 1985:n.p). It can only offer the R425 programme within a legal requirement (affiliation) with a university that has

an accredited department of nursing (Kotzé 2013:127). In this study, a nursing college is funded by the Gauteng and KwaZulu-Natal departments of health.

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

1.7.1 Research paradigm

The study used a mixed-method research, that is, a combination of the qualitative paradigm (constructivism) and quantitative paradigm (positivism). The researcher combined qualitative and quantitative research techniques, methods, concepts or language in a single study (Johnson & Onwuegbuzie 2004:17). Mixed methods research makes use of the pragmatic method of research and system of philosophy. The logic of inquiry includes the use of induction (discovery of patterns), deduction (testing of theories and hypothesis), and abduction, that is, uncovering and relying on the best set of explanations for understanding one's results (Johnson & Onwuegbuzie 2004:17). Positivist and constructivist paradigms are based on distinct assumptions.

Assumptions are principles that are accepted as being true based on logic or custom without proof (Polit & Beck 2012:720). According to Grove, Burns and Gray (2013:41-42), assumptions are "statements that are taken for granted or are considered true, even though they have not been scientifically tested. They are embedded in the philosophical base of the framework, study design, and interpretation of findings".

For the purpose of this study, the researcher assumes that:

- each individual (nurse educator) in an organisation (nursing education institution) has the capability/ability to lead him/herself to achieve outcomes and set goals
- one cannot lead others without leading him/herself effectively first
- self-leadership leads to improvement of employee performance
- self-leaders are self-aware and capable of motivating themselves
- although self-leadership is leadership from within/an internal journey, it can be facilitated through external interventions

1.7.2 Theoretical framework

The study is based on Manz's theoretical framework on self-leadership, namely the *Expanded theory of self-influence processes in organisations* (Manz 1986:585–600). The theoretical framework was recommended because it provides a comprehensive listing and review of the various self-leadership strategies, from which most literature on self-leadership is based (Stewart et al 2019:48–49).

The researcher identified the ideological components of the existing theory on self-leadership to connect pieces of data to each other or to research questions (Maxwell 2013:49–52). Manz's theoretical framework enabled the researcher to better understand the phenomenon *self-leadership*, and to keep focused to structure when phrasing questions during both the qualitative and quantitative phases. The theoretical assumptions of this study as listed in section 1.7.1 were based on Manz's self-leadership theoretical framework.

Self-leadership theory is based on social cognitive theory, control theory, and intrinsic motivation theory. It draws from these theories' insights on the mechanisms of the self-regulatory process and provides guidelines for effective self-regulation. According to this theory, Manz (1986:585) proposes a perspective that emphasises purposeful leadership of 'the self' towards personal standards and 'natural' rewards that hold greater intrinsic motivational value.

The concept of self-leadership is based on the assumptions of social-cognition theory, as well as theories of self-control, self-regulation, and self-management, which focus predominately on behavioural strategies (Stewart et al 2019:48). These theories were described in detail in Chapter 5 (section 5.3). Self-leadership strategies, which include behavioural and mental techniques, are designed to influence personal effectiveness positively and are grouped into:

- behaviour-focused strategies
- natural reward strategies
- constructive thought pattern strategies

Behaviour-focused strategies improve an individual's self-awareness where individuals take a conscious decision to monitor their own behaviour, and are aimed at nurturing behavioural management, particularly when it comes to necessary but unpleasant tasks such that an individual is able to decide if their current actions are effective or need to be altered (Gomes, Curral, Caetano & Marques-Quinteiro 2015:47). These strategies also involve adjusting professional and personal goals to fit dynamics of the work environment, crediting rewards to oneself as a way to encourage or discourage certain behaviours and to remind oneself of activities that need to be completed, and the consequences of acceptable or unacceptable performance (Marques-Quinteiro, Vargas, Eifler & Curral 2019:87).

Natural reward strategies are about individual's search and promotion of pleasant experiences during goal-striving activities. They improve individuals' use of behaviour-focused strategies by aiding them to develop and nurture pleasant and pleasurable feelings that build intrinsic motivation (Marques-Quinteiro et al 2019:86). Natural rewards are of particular importance in educational institutions due to the relative absence of rewards for outstanding performance for educators, and the intrinsic satisfaction that can arise from making a difference in students' lives.

Constructive thought pattern strategies facilitate the generation of habitual ways of thinking that positively influence performance. Constructive thought pattern strategies include identifying and replacing dysfunctional beliefs and assumptions, and practicing mental imagery and positive self-talk (Marques-Quinteiro et al 2019:86).

The self-leadership theory provides an opportunity for nurse educators to identify and perceive themselves in each of the self-leadership dimensions and strategies mentioned above and motivate themselves to perform successfully. Nurse educators as role models ought to exercise self-awareness and self-regulation by knowing their emotions, accurately recognising the feelings as they happen, and understanding that certain emotions, such as anger, are not helpful in the academic environment (Rowe & Fitness 2018:[12]–[13]).

Manz's theoretical framework on self-leadership will therefore be used to contextualise the research results of the study on self-leadership of nurse educators in a nursing

education context, and will enhance the exploration and description of self-leadership within nurse educators.

1.8 OVERVIEW OF THE RESEARCH DESIGN AND METHOD

An exploratory, descriptive sequential mixed-method research was conducted. In mixed-methods research the researcher “collects, analyses and integrates data and draws inferences from both qualitative and quantitative research approaches in a single study” (Creswell 2014:35; Teddlie & Tashakkori 2009:7). Table 1.1 on pages 18 and 19 is a summary of the research process.

The study has three phases. Phase 1 consists of two subphases. Subphase 1 entails conducting an integrative literature review to explore and describe the concept of self-leadership of nurse educators. Subphase 2 entails conducting semi-structured focus group interviews with nurse educators from a selected group.

Phase 2 of the study entails developing a structured questionnaire based on the findings of Phase 1. The quantitative data were collected from a different, new sample of the population and analysed in sequence to the first phase in order to enhance the qualitative data. Findings from the first two phases of the study and the theoretical framework were used to develop guidelines that could be implemented to facilitate the self-leadership within nurse educators. Field experts and experts in guideline development validated the guidelines before they were finalised.

1.8.1 Study population and sampling

Two populations were used. Population 1, the population for the integrative literature review (Phase 1, subphase 1) was all relevant published data (empirical and theoretical studies) on self-leadership of educators, published in the English language from 2000 to 2018.

The population (Population 2) for Phase 1, subphase 2 and for Phase 2 were nurse educators teaching in Gauteng and KwaZulu-Natal nursing schools, nursing colleges and universities. Focus group interviews were held with participants in Sample A using a semi-structured interview guide. Based on the findings of Phase 1, structured questionnaires

to be administered were developed to explore the self-leadership practices of nurse educators in nursing education institutions (Population 2, Sample B). Sample B consisted of nurse educators appointed at the remaining nursing education institutions in Gauteng and KwaZulu-Natal provinces, who were not selected for the qualitative phase of the study. Non-probability convenience sampling was used to select Sample B.

The selection process was planned in such a manner that participants in Sample A, who participated in the qualitative phase of the study, were not the same as those participants who participated in the quantitative phase (Sample B). The focus group interviews were conducted in nurse educators' natural settings, that is, in the institutions where the nurse educators work, with permission from the relevant authorities and participants.

1.8.2 Data collection methods and procedures

Phase 1 (subphase 1) consists of an integrative literature review. Data of integrative literature review was all relevant literature. Phase 1 (subphase 2) entailed conducting semi-structured focus group interviews with nurse educators from a selected group (see sampling). Focus group interviews with six to eight participants were conducted. The number of focus group interviews was determined by data saturation. A semi-structured interview schedule was used to gather data from nurse educators during focus group interviews. Field notes of non-verbal cues and nuances during the focus group interviews were made.

The two phases of the study were connected in the intermediate stage of the study when the researcher developed an instrument that built on the qualitative results to collect the subsequent quantitative data from a different sample. Phase 2 entailed collecting quantitative data through structured questionnaires. The questionnaire was pretested to determine the time it took to administer the instrument, identify questions that are difficult to read, understand and interpret, and if there questions that are offensive or objectionable. The pre-test was conducted with those few nurse educators who fit the inclusion criteria, but who would not be involved in the actual research.

Phase 3 entailed developing and validating the guidelines. Two processes, namely inductive and deductive reasoning, which are involved in logical reasoning, were applied

during the formulation process of the guidelines by using evidence from Phases 1 and 2, and the literature. Experts validated the guidelines based on a set of criteria provided.

1.8.3 Data analysis

1.8.3.1 Integrative literature review

The method of data analysis, as outlined by Miles and Huberman and cited in Whittemore and Knafl (2005:550–552) was utilised, namely: data reduction, data display, data comparison, conclusion drawing, and verification.

1.8.3.2 Data analysis: Qualitative

Data obtained from the semi-structured focus group interviews was analysed by the researcher according to Tesch's protocol (Creswell 2014:186). The steps of data analysis entailed the researcher reading and re-reading all the transcripts carefully to get a sense of the whole, and then commencing to coding the data according to major and subcategories following the protocol. Verbatim transcripts were also sent to an independent coder, who is a nurse educator with extensive experience in qualitative studies, so as to analyse data independently in accordance with Tesch's protocol. A consensus meeting was held between the researcher and the independent coder for discussions on themes and categories, and to verify if there were similar patterns or themes.

1.8.3.3 Data analysis: Quantitative

Data collected through questionnaires were analysed with assistance of a qualified statistician using descriptive statistical methods (SPSS version 25), specifically the exploratory factor analysis technique. Descriptive statistics were used to synthesise and describe data using parameters such as means, frequencies, and percentage distributions (Polit & Beck 2012:392). Findings from all phases of the study and the theoretical framework were used to develop guidelines that could be implemented to facilitate the self-leadership within nurse educators. The researcher used the theoretical framework on self-leadership to contextualise the research results of the study on self-leadership of nurse educators in a nursing education context.

1.9 RIGOUR

To ensure rigour in the integrative literature review, the researcher utilised diverse empirical and theoretical sources as data sources, and the process of conducting the research review consisted of different stages. Literature search strategies was well-defined so that it was not only computer-based but other recommended approaches to searching the literature included ancestry searching, journal hand searching, networking, and searching research registries. Reliable and valid coding procedures also ensured methodological rigour. The researcher adhered to UNISA's Policy for Copyright Infringement and Plagiarism in order to uphold academic integrity of the study. All sources used in the integrative literature review were indicated in the bibliography or list of references according to UNISA guidelines.

According to Whittemore and Knafl (2005:550), rigour in an integrative review includes authenticity, methodological quality, informational value, and the representativeness of the primary research. There ought to be a well-defined research problem, description of the selection criteria of the studies to be used included in the review, detailed description of the characteristics of the studies utilised, analysis of the stages selected by reviewers, and detailed presentation of the results of the analysis in synthesised tables (Soares, Hoga, Peduzzi, Sangaleti, Yonekura & Silva 2014:334, 338; Whittemore & Knafl 2005:547–551).

For qualitative phase of the study, trustworthiness was accomplished by using the strategies as outlined by Lincoln and Guba (1985:301–328) and Polit and Beck (2012:585–586), namely: credibility, transferability, dependability, confirmability, and authenticity.

Rigour in the quantitative phase of the study was ensured through validity and reliability. Validity of the instrument was determined through content validity, face validity, and construct validity. Table 1.1 below is a summary of the research process.

Table 1.1 Summary of the research process

	Phase 1		Phase 2	Phase 3 (guideline development)
	Subphase 1	Subphase 2		
Research objective	To explore and describe the meaning of the concept self-leadership within a nursing education institution context through an integrative literature review	To explore and describe the perceptions of nurse educators with regard to their self-leadership and how this can be facilitated in a nursing education institution	To determine the self-leadership practices of nurse educators in a nursing education institution	To develop guidelines to facilitate the self-leadership of nurse educators in a nursing education institution
Research approach	Integrative literature review	Qualitative	Quantitative	Inductive and deductive reasoning
Population	Published data (empirical and theoretical studies) on self-leadership of educators, published in the English language from 2000 to 2018	Nurse educators teaching in Gauteng and KwaZulu-Natal nursing schools, nursing colleges and universities	Nurse educators teaching in Gauteng and KwaZulu-Natal nursing schools, nursing colleges and universities	<ul style="list-style-type: none"> Data from phases 1, 2 Experts in guideline development
Sampling method	Inclusion and exclusion criteria	Purposive	Convenient	Purposive
Data collection	A comprehensive computer-assisted literature search	Focus group Field notes	Questionnaires	Validation criteria instrument
Data analysis	Miles and Huberman in (Whittemore & Knafl 2005:550–552). The stages of data analysis are: data reduction, data display, data comparison, conclusion drawing and verification.	Tesch's protocol (Creswell 2014:197–200). The steps of data analysis entail the researcher reading and re-reading all the transcripts carefully to get a sense of the whole, and then commencing to code the data according to major and subcategories following the protocol	Assistance of a qualified statistician using descriptive statistical methods (SPSS version 25). Exploratory factor analysis	Inductive and deductive reasoning
Rigour	<ul style="list-style-type: none"> Ancestry searching, journal hand searching, networking, 	<ul style="list-style-type: none"> Credibility Transferability Dependability Confirmability 	<ul style="list-style-type: none"> Validity: content validity, face validity, and 	Expert review

	Phase 1		Phase 2	Phase 3 (guideline development)
	Subphase 1	Subphase 2		
	and searching research registries. <ul style="list-style-type: none"> • Reliable and valid coding procedures • Adherence to UNISA's Policy for Copyright Infringement and Plagiarism • List of references 	<ul style="list-style-type: none"> • Authenticity 	construct validity <ul style="list-style-type: none"> • Reliability: stability, internal consistency, equivalence 	
Data integration	<ul style="list-style-type: none"> • Articles that address self-leadership of any type of health worker and educator, facilitator or teacher 	Sample A and B	Data from phase 1	Data from phase 1, 2 and literature

1.10 ETHICAL CONSIDERATION

Ethical clearance was sought from the Research and Ethics Committee of the Department of Health Studies at UNISA before the study could be conducted (Annexure A). Permission was also sought from the nursing colleges through the Gauteng and KwaZulu-Natal provincial health departments (Annexure B); and from relevant research structures within the public nursing colleges, private nursing schools and university-based nursing departments (Annexure C).

The following ethical standards for nurse researchers were upheld as outlined by DENOSA, cited in Brink, Van der Walt and Van Rensburg (2012:48–51): fostering of justice, beneficence, and excluding harm and exploitation of participants; self-determination (autonomy); ensuring confidentiality and anonymity; and ensuring quality research.

1.11 SCOPE OF THE STUDY

In South Africa, nurse training is offered by hospital-based nursing schools, independent private nursing schools, nursing colleges, and universities. Most of the hospital-based and private nursing schools offered lower categories for registration in legacy qualifications such as an auxiliary nurse or enrolled nurses, even though a few private nursing schools also offer a diploma in general nursing and post-basic courses in affiliation with universities. Some of the private nursing schools are registered with the Department of Higher Education and Training, and as such, are regarded as institutions of higher learning or higher education institutions. However, the comprehensive four-year course leading to registration as a registered nurse (general, psychiatric, and community) and midwife is only offered by universities and public nursing colleges, and it is considered a higher education programme.

The study was conducted in the Gauteng and KwaZulu-Natal provinces in South Africa, excluding the other seven provinces (see Figure 1.1). The nursing education institutions in the two provinces are amongst the top three provinces which have consistently had the highest output of registered nurses through the four-year programme leading to registration as a Nurse (General, Psychiatric and Community) and Midwife for the years 2009–2018 (SANC 2019:n.p.). Conducting the study in two provinces will affect the generalisation of the results, however, other nursing education institutions may utilise the guidelines on self-leadership of nurse educators that were developed.

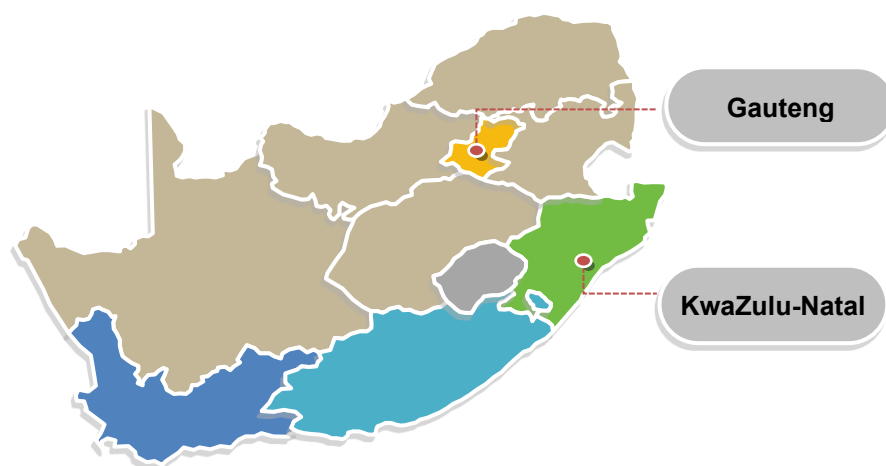


Figure 1.1 A map of South Africa depicting the Gauteng and KwaZulu-Natal provinces

(Source: Your Free Templates [Sa])

1.12 STRUCTURE OF THE THESIS

The organisation of chapters in the thesis was as presented in Table 1.2.

Table 1.2 Structure of the thesis

Chapter 1	Orientation to the study
Chapter 2	Research design and method
Chapter 3	Integrative literature review (Phase 1, subphase 1)
Chapter 4	Data analysis, presentation, discussion and literature control of the research findings of Phase 1 (subphase 2)
Chapter 5	Integration of Phase 1 findings and further literature review
Chapter 6	Data analysis, presentation and description of the research findings Phase 2
Chapter 7	Discussion of integrated results from Phase 1 and 2
Chapter 8	Discussion on the development and validation of guidelines to facilitate self-leadership within nurse educators
Chapter 9	Conclusions, recommendations and limitations

1.13 SUMMARY

The chapter gives context and an overview of the study. The background to the research problem, problem statement, research purpose and objectives, and research methodology applied in the study were discussed. Key concepts were defined. Research methodology and analysis approaches were discussed. Ethical principles applicable to the study were discussed. The scope and limitations of the study were stated as confirmed by the aim and objectives of the study. The chapter further outlined the organisation of thesis chapters. Chapter 2 discusses the research design and method.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The purpose of this chapter is to describe and justify the research design and method of the study. The selected research design serves to enhance the trustworthiness of the research study. This chapter will give a detailed view on the research design chosen and its relevance to the current study, and then describe the research method. It also includes the discussions on the study population and sample, research instruments, data collection and data analysis approach. The methodological approach was chosen with the aim to answer the research aim and objectives. The study has three phases. Phase 1 consists of two subphases. Subphase 1 entailed conducting an integrative literature review to explore and describe the concept of self-leadership of nurse educators. Subphase 2 entailed conducting semi-structured focus group interviews with nurse educators from a selected group, as detailed sampling. Phase 3 entailed developing and validating the guidelines to facilitate self-leadership within nurse educators in nursing education institutions.

2.2 RESEARCH DESIGN

A research design is a blueprint for action that connects the research question and the implementation of the research. It is the researcher's overall plan that guides the research process (Polit & Beck 2012:58). Grove et al (2013:195) describe a research design as a structural framework or blueprint of the study that guides the researcher in the planning and implementation of the study. The research design for this study was explorative and descriptive in nature. An exploratory, descriptive sequential mixed-method research was conducted. In mixed-methods research, "the researcher collects, analyses and integrates data and draws inferences from both qualitative and quantitative research approaches in a single study" (Creswell & Plano Clark 2018:87; Teddlie & Tashakkori 2009:7). The overall aim of the study was to explore and describe the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

2.2.1 Mixed-method research

Mixed-method research involves combining or integration of qualitative and quantitative research and data in a research study (Creswell 2014:14). When qualitative and quantitative methods are combined, they supplement each other, thus producing the best answer to the problem (Denscombe 2007:109–111). Through combining qualitative and quantitative data, methodological triangulation can be established, resulting in better understanding of the research problem. Thus, the combination of the different forms of data resulted in either supporting or refuting the evidence on self-leadership within nurse educators, adding to the richness of the study. In this study, an exploratory, descriptive sequential mixed-method research design with a distinct qualitative phase (Phase 1 subphase 1) and a distinct quantitative phase (Phase 2), were used (Creswell & Plano Clark 2018:84).

The rationale for the exploratory sequential mixed-method approach was that the qualitative data and their subsequent analysis provided an in-depth understanding of the phenomenon, whereas the quantitative data and their analysis provided a general understanding of the research problem (Creswell & Plano Clark 2018:87). The qualitative data provided an in-depth understanding of the perceptions of nurse educators about their self-leadership and how self-leadership can be facilitated in nursing education institutions. The quantitative data provided a general understanding of the self-leadership practices of nurse educators in nursing education institutions.

2.2.2 Exploratory

Exploratory research explores an unknown research area in which there is little theoretical or factual knowledge about a phenomenon (Polit & Beck 2012:612). It establishes facts by gathering new data, and determining whether there are interesting patterns in the data. It aims to gain new insights into phenomena and to achieve understanding (Rubin & Babbie 2012:50). The study was exploratory because the researcher sought to explore in-depth information about the self-leadership within nurse educators in nursing education institutions (Polit & Beck 2012:612). The researcher also conducted an integrative literature review to explore and describe the concept of self-leadership of nurse educators. Exploratory studies are usually sequential in nature, wherein the qualitative

data is collected in the first phase and the findings are used in the second phase where it is measured or classified (Polit & Beck 2012:612).

In this study, the researcher firstly collected and analysed the qualitative data to explore the phenomenon of self-leadership in nurse educators in nursing education institutions. Quantitative data were collected from a different, new sample of the population and analysed in sequence in the second phase in order to enhance the qualitative data. The two phases of the study were connected in the intermediate stage of the study when the researcher developed an instrument that builds on the qualitative results to collect the subsequent quantitative data from a different sample (Creswell & Plano Clark 2018:87).

2.2.3 Descriptive

A descriptive study provides more information about characteristics within a particular field of study, and its purpose is to depict situations as they naturally occur (Grove et al 2013:215). The study was descriptive because it provided an accurate portrayal of characteristics of particular individuals in real-life situations for the purpose of discovering new meaning (Grove et al 2013:26). A descriptive approach allows for the recognition and documentation of the characteristics of the phenomenon by the researcher (Schmidt & Brown 2009:149). The study described the meaning of the concept self-leadership, the perceptions of nurse educators on self-leadership, and the self-leadership practices of nurse educators in a nursing education institution, based on the data obtained from participants (Kumar 2011:10). Findings from all phases of the study and the theoretical framework were used to develop guidelines that could be implemented to facilitate the self-leadership within nurse educators.

2.3 RESEARCH METHOD

A research method is a technique used to structure a study, to gather, and to analyse information relevant to the research question (Polit & Beck 2012:12). The research method constitutes the population, sample and sampling method, data collection, and data analysis, and interpretation that the researchers propose for their studies (Creswell 2014:16).

2.3.1 Phase 1, subphase 1: Integrative literature review

2.3.1.1 Population and sampling

The population for the integrative literature review (Phase 1, subphase 1) was all relevant published data (empirical and theoretical studies) on self-leadership of educators, published in the English language from 2000 to 2018.

2.3.1.2 Data collection approach and method

Phase 1 (subphase 1) consists of an integrative literature review. Data of integrative literature review is all relevant literature. A comprehensive computer-assisted literature search using the keyword 'self-leadership' was conducted in databases such as Google Scholar, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), ProQuest, PubMed, SAGE, MEDLINE, ERIC, and EMERALD. The university librarian was requested to assist in the literature search. The search was peer-reviewed studies published in the English language from 2000 to 2018. Articles were included if they were published literature from January 2000 to December 2018; peer-reviewed academic literature, systematic reviews, master's dissertations and doctoral theses; publications in English; limited to faculty self-leadership, teacher self-leadership, nurse educator self-leadership, self-leadership of coaches, self-leadership of the preceptor and academic self-leadership. Articles that addressed self-leadership of any healthcare worker involved in education and training, nurse educator, faculty, facilitator or teacher were included in the search.

Articles were excluded if they were unpublished manuscripts, such as abstracts, opinion statements, letters, editorials, commentaries, book chapters, project reports, as well as studies on facilitation workshops and projects; as well as abstracts that were unobtainable in English Publications before the year 2000 and after December 2018.

The process of conducting an integrative review had the following stages: a problem formulation stage, a literature search stage, a data evaluation stage, a data analysis stage, and a presentation stage.

2.3.1.3 *Data analysis: Integrative literature review*

The main ideas and themes from the reviewed literature were identified and categorised and steps taken to verify the validity or authenticity of key ideas and themes that emerged from data analysis were described. The method of data analysis, as outlined by Miles and Huberman (cited in Whittemore & Knafl 2005:550–552) were utilised, namely: data reduction, data display, data comparison, conclusion drawing, and verification.

2.3.1.4 *Rigour: Integrative literature review*

The researcher utilised diverse empirical and theoretical sources, such as data sources, and the process of conducting the research review consisted of different stages. Literature search strategies were well-defined, so that it was not only computer-based, but included the search of ancestry, research registries, and journals, as well as networking. Reliable and valid coding procedures ensured methodological rigour. The researcher adhered to UNISA's Policy for Copyright Infringement and Plagiarism in order to uphold academic integrity of the study. All sources used in the integrative literature review were indicated in the bibliography or list of references according to UNISA guidelines.

2.3.2 Phase 1, subphase 2: Qualitative phase

2.3.2.1 *Population and sampling*

The population (Population 2) for Phase 1, subphase 2 and for Phase 2 were nurse educators teaching in Gauteng and KwaZulu-Natal private nursing schools, public nursing colleges and universities. Two samples were drawn from this population of nurse educators. Sample A consisted of nurse educators purposively selected from three sampling units, namely a private nursing school, public nursing college, and university. Three focus group interviews were held with participants in Sample A, using a semi-structured interview guide. Nurse educators employed on a full-time basis for at least one year at nursing education institutions in Gauteng and KwaZulu-Natal provinces who were readily available were included in the study. The selection process was planned in such a manner that participants in Sample A, who participated in the qualitative phase of the

study, were not the same as those participants who participated in the quantitative phase (Sample B).

The purpose of the focus group interviews was to understand the perceptions and points of view of nurse educators on their self-leadership in the nursing education context, in a relaxed, and in a quiet and non-threatening environment (Krueger & Casey 2000:4–5). The focus group interviews were conducted in nurse educators' natural settings, that is, in the institutions where the nurse educators work, with permission from the relevant authorities and participants.

2.3.2.2 Data collection approach and method

Phase 1 (subphase 2) entailed conducting semi-structured focus group interviews with nurse educators from a selected group (see sampling).

2.3.2.2.1 Piloting

A pilot study is a small-scale version of the major study designed to recognise and address problems in the practical aspects of the study (Brink et al 2012:174–175; Polit & Beck 2012:195). Although it is generally accepted that between six and eight participants are necessary, as few as four participants may be sufficient for a focus group interview (Nyumba, Wilson, Derrick & Mukherjee 2018:23). A pilot study was conducted through a focus group interview with four nurse educators from a private nursing school. Piloting allowed the researcher to formulate questions, practise interview skills such as listening, probing, and asking follow-up questions, as well as estimating time for the real interviews. The interview during piloting lasted for an hour. There were no logistical glitches encountered during the interview. Due to the significance and uniqueness of the data provided by the pilot study, the data were included during data analysis, and was thus part of the four focus group interviews co-coded by the independent co-coder (Annexure M). The researcher listened to the audiotape recording immediately after the interview was over, and this helped the researcher to examine and improve his interviewing skills in the actual study.

After the pilot study, the actual focus group interviews were then conducted.

2.3.2.2.2 *Preparation of the interviews*

The researcher had the following at hand in preparation for the interviews: copies of UNISA Ethical Certificate approval (Annexure A); the institution's authority approval (Annexure C); information leaflet and informed consent form (Annexure D); audio-tape recorder with extra batteries; and a notebook. Nyumba et al (2018:23) explain that researchers should take into consideration the participants' comfort, access to the venue, and levels of distraction. Interviews took place either in classes, boardrooms and conference rooms of the nursing education institutions. The researcher put up "interview in progress" outside the doors of these venues. The researcher explained the purpose of the study, voluntary participation, and confidentiality of the information. With regard to anonymity, participants were assured the results of the study would be processed into a research report without mention of their names. This information was written in each consent form, which was given to each participant to read. The participants consented to the interviews, as well as to the audiotape recording thereof. In addition, participants were informed that an interview would take about 50-60 minutes. At the end of each interview, the researcher summarised the major points and asked the participants if they had any questions as well as thanking them (De Vos, Strydom, Fouché & Delpont 2011:351). On average, the interview lasted for 55 minutes. After each interview, the researcher listened to the audiotape recording in order to familiarise herself with the data. The researcher transcribed each interview verbatim as soon as each interview had been conducted. This enabled the researcher to be familiar with the data as he listened to the tapes, re-read the transcripts and field notes, becoming immersed in the data. Annexure F is an example of a transcribed interview.

2.3.2.2.3 *Recruitment of the participants*

Potential and willing participants who met the selected criteria were approached beforehand through research coordinators in the nursing education institutions. In other institutions, the researcher was requested to present the purpose and objectives of the study to potential participants, before they could decide to be part of the focus group. The researcher did not struggle with recruitment for focus group interviews.

2.3.2.2.4 *Size of the focus groups*

Krueger (cited in Nyumba et al 2018:23) asserts that ten participants in a focus group is large enough to gain a variety of perspectives, however warns that beyond this number, the group becomes difficult to manage, and may disintegrate into small groups, each with their own discussion. The size of groups taking part in the focus-group interviews ranged from seven to ten participants per interview. Three focus group interviews were held with nurse educators in Gauteng and KwaZulu-Natal provinces. The number of focus group interviews was determined by data saturation (Kumar 2011:213).

2.3.2.2.5 *Conducting the focus-group interviews*

Before conducting the interviews, the researcher did some preparation, as suggested by Nyumba et al (2018:23). This preparation included visiting the venue and testing the tape recorder to ensure successful recording. The researcher began with activities such as informing the participants about the confidentiality and anonymity guaranteed, and having a general introduction. Prior to the discussion, refreshments were served to allow the participants to interact with one another, which nurtured a relaxed atmosphere. The participants were asked to introduce themselves and sharing of thoughts made the atmosphere to become relaxed and the discussion began to flow.

A semi-structured interview schedule (Annexure E) was used to gather data from nurse educators during focus group interviews. The following open-ended questions assisted the researcher in directing the participants to the discussion of their perceptions of self-leadership in nurse educators:

- Can you please describe how you perceive your self-leadership?
- What are the self-leadership activities that you engage in as a nurse educator?
- How can the self-leadership in nurse educators be facilitated in a nursing education institution?

Field notes were made of non-verbal cues and nuances during the focus group interviews and they supported data collection.

2.3.2.3 *Qualitative data analysis*

Data obtained from the semi-structured focus group interviews (Annexure F) was analysed according to Tesch's protocol (Creswell 2014:197–200). The steps of data analysis entailed the following:

- The researcher read all the transcripts carefully to get a sense of the whole. Other transcriptions were read as they become available.
- One short and interesting interview was selected, and thoughts reflecting key phrases and underlying meanings were noted in the margin.
- A list of all topics was made, similar topics were clustered together and then arranged into columns ordered into major topics, unique topics and left-overs.
- Topics were abbreviated as codes, and codes were written next to appropriate segments of text.
- The most descriptive wording for topics were identified and turned into categories. The total list of categories were reduced by grouping the topics that related to each other. Lines between categories were drawn to show interrelationships.
- A final decision was made on the abbreviation for each category and these codes were alphabetised.
- The data material belonging to each category was assembled in one place and a preliminary analysis was performed.
- The existing data was recoded.

Verbatim transcripts were sent to an independent coder, who is a nurse educator, with extensive experience in qualitative studies, to analyse data independently in accordance with Tesch's protocol (Annexure M). She holds a doctoral degree (Psychiatric Nursing Science). A consensus meeting was held between the researcher and the independent coder for discussions on themes and categories and to verify if there were similar patterns or themes.

2.3.2.4 *Trustworthiness: Qualitative phase*

Trustworthiness was accomplished by using the strategies as outlined by Lincoln and Guba (1985:301–328), namely: credibility, transferability, dependability, and confirmability.

2.3.2.4.1 *Credibility*

Credibility addresses the question of whether the research has established the confidence in the truth and authenticity of the results. The self-leadership of nurse educators was presented in a way that is accurate, so that other nurse educators who share that experience would immediately recognise the descriptions (Lincoln & Guba 1985:296). It also deals with the question of how the results of the research match reality, which, in this study, is the reality of identifying the self-leadership of nurse educators. It was achieved through prolonged engagement, triangulation, member checking and persistent observation.

2.3.2.4.2 *Prolonged engagement*

Prolonged engagement refers to when the researcher spends a long time with participants, making him more familiar to the discovered data (Lincoln & Guba 1985:302). The researcher spent sufficient time in collecting data, and taking field notes. Data were collected until data saturation had occurred. The field notes were kept as part of data collection. The researcher got immersed in the data through repeated listening to captured content of the tape recordings, and internalising it.

2.3.2.4.3 *Triangulation*

Triangulation refers to the use of multiple perspectives to check one's own position against bias (Lincoln & Guba 1985:308). According to Lincoln and Guba (1985:305) triangulation is the combined use of two or more theories, methods, data sources, investigators or analysis methods of the same phenomenon, to examine the same phenomenon at the same time.

The researcher obtained assistance of a co-coder in the form of an expert in qualitative studies in nursing education during data analysis. The co-coder was involved during data analysis to add dimension and perspective to the interpretation of the audiotapes and field notes, thereby accounting for investigator triangulation. The engagement of the study supervisor and independent coder contributed to the credibility of the study.

2.3.2.4.4 Member checking

Member checking refers to when the researcher goes back to the participants and asks them whether the preliminary findings represent their account on the self-leadership of nurse educators in a nursing education institution (Lincoln & Guba 1985:314). In member checking, the participants are viewed as experts in the information regarding the self-leadership of nurse educators in a nursing education institution, and as such, can deliver judgement on whether the researcher's interpretations of the experiences are true. The researcher verified findings by going back to the participants with identified categories after data analysis and conducted follow up interviews, allowing them to comment on whether they were quoted and interpreted correctly.

2.3.2.4.5 Persistent observation

Persistent observation is a technique utilised to ensure depth of experience and understanding by identifying those characteristics and fundamentals of the context that are most relevant to the problem being pursued and focusing on them in detail, whilst highlighting on the significance of the setting in which data is collected (Lincoln & Guba 1985:304). The researcher used field notes to note the verbal and non-verbal communication dynamics during focus group interviews.

2.3.2.4.6 Transferability

This is concerned with the extent to which the outcomes of the specific study can be applied to other situations. Because the study was conducted in two provinces, the findings may not be transferable to other nursing educators in other nursing education institutions. However, the following aspects may increase the transferability of findings:

- A thick comprehensive description of the method of study was provided so that anyone interested in transferability has the base of information.
- The use of a purposeful sampling method increases transferability, as it ensures that participants with information regarding self-leadership of nurse educators are utilised in the study.

2.3.2.4.7 *Dependability*

A comprehensive description of the research method was provided, and triangulation was maintained. An audit trail was utilised to illustrate the logic and manner in which knowledge gained from the nurse educators would be developed. This entailed keeping of all audiotapes used during data collection, data transcripts, and interview schedules, notes about research procedures, and field notes until the final research report is approved.

2.3.2.4.8 *Confirmability*

This concerns whether data is confirmable. This was ensured by means of an audit trail, triangulation, and consensus discussions between researcher and the independent coder.

2.3.3 Phase 2: Quantitative phase

2.3.3.1 *Population and sampling*

The population (Population 2) for Phase 2 included nurse educators teaching in Gauteng and KwaZulu-Natal private nursing schools, public nursing colleges, and universities. Based on the findings of Phase 1 self-administered structured questionnaires were developed to explore the self-leadership practices of nurse educators in nursing education institutions (Population 2, Sample B). Sample B consisted of nurse educators appointed at the remaining nursing education institutions in Gauteng and KwaZulu-Natal, who were not selected for the qualitative phase of the study. Non-probability convenience sampling was used to select Sample B. Convenience sampling refers to when the researcher selects respondents because they are readily available to participate in the study (Polit & Beck 2012:309, 550). The participants were nurse educators, employed on a full-time basis for at least one year at a nursing education institution.

Table 2.1 presents names, type of nursing education institution, and number of questionnaires submitted and returned. The overall response rate for the self-administered questionnaires was 67% for the hand-delivered, and 19% for Survey Monkey. Thus, the response rate for Survey Monkey was much lower compared to that

of the hand-delivered questionnaire. This observation is not aligned with the findings from Saleh & Bista (2017:64), who purport that the response rate for online surveys is estimated to be 11% lower than other survey modes.

Table 2.1 Name of nursing education institution and number of questionnaires submitted and returned (n=265)

Hand-delivered questionnaires					
Institution	Type	Province	Number of questionnaires submitted	Number of questionnaires returned	Response rate
A	Private nursing school	GP	13	13	100%
B	Public nursing college	GP	20	12	60%
C	Private nursing school	GP	6	4	67%
D	University	GP	8	8	100%
E	Public nursing college	GP	20	11	55%
F	Private nursing school	GP	50	38	76%
G	University	GP	12	6	50%
H	Public nursing college	KZN	80	63	79%
I	Private nursing school	KZN	6	5	80%
K	Public nursing college	GP	50	28	56%
L	Public nursing college	GP	50	22	44%
M	Public nursing college	GP	60	42	70%
Total			375	252	67%
Survey monkey questionnaires					
Institution	Institution type	Province	Number of e-mails sent	Number of responses	Response rate
N	University	KZN	7	3	43%
O	University	GP	19	3	16%
P	University	GP	42	7	17%
Total			68	13	19%

2.3.3.2 Data collection approach and method

Phase 2 entails collecting quantitative data through structured questionnaires. The questionnaires were developed from the data collected through the integrative review and the focus group interviews. The questionnaires were developed during the intermediate phase of the study after the qualitative data had been collected and analysed. The hand-delivered structured questionnaires were distributed and collected by the researcher himself. Sealed and lockable boxes were used to collect the questionnaires from the respondents.

Each questionnaire was accompanied by an information leaflet that described the purpose of the study, and the ethical issues related to the participation in the study (Annexure G). The questionnaire also had instructions explaining the procedure to follow when answering the questions. Contact details of the researcher were also included in the information leaflet such that respondents were able to contact the researcher in such case that problems arose during the process of responding to questionnaires.

Initially the researcher had planned to only distribute questionnaires by hand. However, some institutions (universities) requested that the questionnaire be distributed via the Survey Monkey method. With the assistance of the statistician, the questionnaire items were extrapolated into the Survey Monkey. The participating universities sent through an email list of prospective respondents for the researcher to send through the Survey Monkey weblink. When sending the Survey Monkey weblink, the researcher provided information similar to that described in hand-delivered questionnaires. The researcher assured the prospective respondents of adherence to ethical principles of anonymity and confidentiality; and informed them that by completing the questionnaire they were giving consent to participate in the study. The prospective respondents were given a period of one week to respond. After this period, the weblink would become obsolete and no longer be responsive. The estimate time of completing the questionnaire was approximately 30 minutes. Contact details of the researcher were provided in the body of the email sent to the prospective respondents.

2.3.3.3 *Data collection instrument*

A questionnaire is a “printed self-report form designed to elicit information that can be obtained through written responses of the subject” (Grove et al 2013:706). The basic objective of the questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on the particular issue (De Vos et al 2011:186). The focus of Phase 2 was placed on obtaining information about the self-leadership practices or activities of nurse educators. A questionnaire was compiled, based on the themes that emerged from Phase 1 (subphase 1 and subphase 2) and the literature, to determine the self-leadership practices of nurse educators in nursing education institutions. This data collection approach is typically that of a sequential mixed-methods study, because one set of data would be building on the other (Creswell 2014:220).

Considering the time that would have been needed if other types of instruments had been used, a hand-delivered questionnaire was determined to be the most suitable for collecting information over a relatively short period of time. According to Grove et al (2013:429), the response rate to a questionnaire is generally lower than with other forms of self-reporting; particularly if the questionnaires are mailed out, where it is usually 25% to 35 percent. As indicated in section 2.3.3.2, in this study the researcher initially employed the hand delivery method, and the response rate was 67%. The researcher implemented various strategies including phoning, emailing, and revisiting the nursing education institutions in order to try to improve the response rate. The researcher also employed the Survey Monkey on the request of some unparticipating universities, and the response rate was 19%.

Creswell (2014:96) identifies the importance of obtaining permission from individuals in authority, who are gatekeepers, to gain access to study participants. The researcher kept close contact with the coordinators by regularly phoning or e-mailing to remind them as to the due date for returning the questionnaires. With regard to the Survey Monkey, the researcher selected an option that would send an automatic reminder to prospective participants who had not yet responded, to receive such as reminder one day before the due date.

The proposed data analysis technique for this study was the exploratory factor analysis, which is reported to be highly sensitive to the sample size, and less stable when estimated from small samples (Tabachnick & Fidell 2007:682; Yong & Pearce 2013:80). However, the researcher, after consultation with the study supervisor and the statistician, was satisfied with the overall number of returned questionnaires (n=265).

2.3.3.3.1 Development of the questionnaire

During the development of a questionnaire, the researcher should consider the research objectives and the collection of thorough and accurate information (Brink et al 2012:154). Here the questionnaire development was guided by the objective of Phase 2, the themes that emerged from qualitative Phase 1 (subphase 2), Manz's (1986) theoretical framework of self-leadership, and the literature. In the design of the questionnaire, the researcher paid special attention to the wording, making it, for example, easily understandable and unambiguous, avoiding leading questions and stating the questions in a positive style. Some of the questions were further explored by asking open-ended questions to obtain richer information. Apart from considering these design issues, the researcher found that expert advice from the study supervisor and the statistician, as well as the pre-testing of the instrument, assisted in the design of the questionnaire.

2.3.3.3.2 Pre-testing of the instrument

Pre-testing of an instrument is essential, as possible errors regarding aspects such as the wording and time limits can be identified (Brink et al 2012:175). The instrument was pre-tested by distributing it to 30 respondents from a nursing education institution in Gauteng that did not form part of the main study. Sixteen (53%) respondents responded to the pre-testing. According to the respondents, completion of a questionnaire took between 20 and 30 minutes. All 16 questionnaires were analysed by the statistician using the SPSS version 25. As a result, some changes to the flow of questions, the wording to improve clarity of statements and numbering of questionnaires to include "skip questions" were made; other than that, no further changes were made.

2.3.3.3.3 Content of the questionnaire

The questionnaire comprised four sections (Annexure H):

- Section A was designed to elicit biographical information of the nurse educators who participated in the study.
- Section B comprised questions that attempted to ascertain the nurse educators' understanding of the concept self-leadership and its constructs.
- Section C comprised questions that attempted to determine the self-leadership activities (practices) of nurse educators.
- Section D comprised of questions that attempted to ascertain how motivation could influence self-leadership.
- **Composition of the questionnaire**

Table 2.2 shows a summary of the composition of the questionnaire.

Table 2.2 Composition of the questionnaire

Sections	Addressed items
Section A	Biographic information
Items 1-7	Age, gender, mother tongue (first language), additional qualification Years of experience in teaching in a nursing education institution Type of nursing education institution at which participants worked
Section B	Self-leadership
Items 8-13	Self-observation
Items 14-19	Self-goal setting
Items 20-22	Self-criticism
Items 23-25	Self-cuing
Items 26-28	Natural reward
Items 29-32	Constructive thought patterns
Item 33	Description of the concept self-leadership
Item 34	Dealing with distractions or disturbances that may affect performance in the nursing education institution
Item 35	Brief description of how nurse educators demonstrate role-modelling to students
Item 36	Brief description of how nurse educators demonstrate role-modelling to their colleagues
Section C	Self-leadership practices (activities)
Items 37-41	Self-development
Items 42-44	Self-reflection
Items 45-50	Being organised
Items 51-53	Collaboration (teamwork)
Items 54-58	Mentoring
Items 59-66	Leadership in the nursing education institution

Sections	Addressed items
Item 67	Collaboration between nurse educators
Item 68	Examples of training programmes that stimulate nurse educator self-leadership
Item 69	Supervisor leadership styles that could enhance the self-leadership in nurse educators
Section D	Motivation
70-73	Intrinsic motivation
74-78	Extrinsic motivation
Section E	Conclusion
	Additional comments

2.3.3.4 Quantitative data analysis

Quantitative data analysis is the manipulation of numerical data through statistical procedures for the purpose of describing phenomena or assessing the magnitude and reliability of relationships among them (Polit & Beck 2012:739). According to Brink et al (2012:177), data analysis involves “categorising, ordering, manipulating, summarising and describing” the data in understandable terms.

In this study the unprocessed data were coded and entered into a Microsoft (MS) Excel (Windows 2016) spreadsheet, and analysed by a statistician, using the descriptive SPSS Version 25 statistical package. Specifically, the statistical techniques used were the exploratory factor analysis for validity of the constructs, and the Cronbach Alpha Coefficient for the reliability of the constructs. The exploratory factor analysis is a widely used technique to determine which questionnaire items correlate stronger with each other than with other variables, and identifies the number of items and what they have in common (Yong & Pearce 2013:80). Since the study variables were grouped into several dimensions in the questionnaire, the exploratory factor analysis was appropriate in identifying groups of variables and seeing how they were related to each other. The interpretation of exploratory factor analysis was based on rotated factor loadings, rotated eigenvalues, and a scree test (Yong & Pearce 2013:80), and is discussed in detail in Chapter 6. Annexure N is the statistician certificate confirming involvement in statistical evaluation and analysis.

Descriptive statistics were used to synthesise and describe data using parameters such as means, frequencies and percentage distributions (Polit & Beck 2012:392). Descriptive statistics are summary statistics that allow the researcher to organise the data in ways

that give meaning and facilitate insight, such as frequency distributions and measures of central tendency and dispersion (Grove et al 2013:692). The data were presented by means of frequencies tables and histograms; these are discussed in Chapter 6.

2.3.3.5 Internal and external validity: Quantitative phase

Rigour in the quantitative phase of the study was ensured through validity and reliability. Validity is a measure of whether a data collection instrument accurately measures that which it is supposed to (Moule & Goodman 2014:187). In order to ensure validity of the instrument, content validity, face validity, and construct validity were measured.

2.3.3.5.1 Content validity

Content validity is concerned with the ability of the questions in the questionnaire to collect data about the phenomenon under study (Moule & Goodman 2014:187). Content validity was established through integrative literature review, discussions and consultations with the study supervisor to evaluate the relevance questions to the subject. Checking of the questionnaire by the supervisor, pre-testing, and coding of the question items by a statistician also improved content validity of the instrument.

2.3.3.5.2 Face validity

Face validity refers to when the measure or scale appears to measure what it is intended to, 'on the face of it' (Moule & Goodman 2014:188). It was established through the use of a university statistician and nurse educators, who were not part of the study, to review the questionnaire, and identify questions that were difficult to interpret and answer.

2.3.3.5.3 Construct validity

Construct validity involves inferences from the particulars of the study to the highest-order constructs they are expected to represent (Polit & Beck 2012:248). It was established by incorporating the theoretical framework and the integrative literature review on self-leadership into the questionnaire.

2.3.3.5.4 Reliability

Reliability refers to how the instrument consistently measures the attribute (Polit & Beck 2012:331). Reliability was enhanced by careful designing, pre-testing of the questionnaire and checking of the questionnaire by the supervisors and the statistician. Bell, Bryman and Harley (2019:172–173) described the Cronbach-alpha test as a commonly used test to determine internal reliability. In this study, Cronbach's alpha coefficient of 0.6 was used in order to determine the reliability of the tool. The closer the Cronbach's alpha is to 1, the higher the internal consistency reliability (Bell et al 2019:278).

2.3.4 Integration of data from the quantitative and qualitative phase

According to Morse and Niehaus, cited in Schoonenboom and Johnson (2017:115), the point of interface or the stage of integration of data is a point at which the qualitative and quantitative components of a mixed research study are brought together, whereby the results of the second component are added to the results of the first component and integrated. In a sequential mixed-methods design, the two databases are analysed separately, and the findings obtained from the initial exploratory database built into quantitative data (Creswell & Plano Clark 2018:84). The data obtained from Phases 1 and 2 were analysed separately and integrated at this stage, which is discussed in Chapter 7. The findings of Phase 1 confirmed the results of Phase 2. From the integrated data, conclusions were drawn that formed the basis for the development of the guidelines, and the validation thereof. Field experts in guideline development, nursing, nursing education, nursing management and leadership validated the guidelines.

2.3.5 Phase 3: Developing and validating the guidelines

The last objective, namely, to develop and validate guidelines for the facilitation of self-leadership in nurse educators is discussed in this section. Guidelines are described as a systematically developed statements that promote the utilisation of best available research evidence in practice (Kredo et al 2016:122–123). There should be strong evidence available to justify the development of a guideline underpinning recommendations (Kredo et al 2016:124). This study's guidelines were developed by drawing evidence from the integrated qualitative and quantitative data, using reasoning processes. According to Polit and Beck (2012:11), experience, intellectual ability, and

thought processes are utilised in the process of logical reasoning. Two processes, inductive and deductive reasoning, were involved in logical reasoning.

2.3.5.1 The reasoning process followed during guideline development

2.3.5.1.1 Inductive reasoning

Inductive reasoning proceeds from a particular point of departure to a general conclusion (Polit & Beck 2012:11; Schmidt & Brown 2009:14). Through inductive reasoning, recommendations for implementation were proposed from the summarised concluding statements of each category.

2.3.5.1.2 Deductive reasoning

Deductive reasoning allows the researcher to move from a general situation to a particular situation or conclusion (Polit & Beck 2012:11; Grove et al 2013:7). Deductive reasoning was applied during the formulation process of the guidelines by using evidence from phases 1 and 2, and the literature. Each category included a summary of related concluding statements. From these statements, guidelines were formulated.

2.3.5.2 Validation of guidelines

Validity of the guidelines is related to three principal factors in guideline development, namely the composition of the guideline development panel and its processes, the identification of evidence and the method of guideline construction (Eccles, Clapp, Grimshaw, Adams, Higgins, Purves & Russell 1996:760). In this study, the participants who assessed the guidelines were:

- nurse educators who had previously developed guidelines
- nurse educators involved in teaching students
- nurse educators who have researched on self-leadership
- nurse leaders who are involved in nursing education

A total of 19 experts validated the proposed guidelines based on a set of criteria provided (Annexure J). The experts were provided with an electronic copy of the summary of the

proposed guidelines that needed to be assessed against a set of criteria (Annexure L). The criteria included clarity, comprehensiveness, applicability, adaptability, credibility, validity (Chinn & Kramer 2014:200–2004; De Swardt 2019:3). The experts followed the agreed timelines provided, which would allow them to familiarise themselves with the guidelines and adequate time for feedback. After the feedback, the necessary changes were effected. The processes of developing and validating the guidelines are discussed in detail in Chapter 8.

2.4 ETHICAL CONSIDERATIONS

Ethical clearance was sought from the Research and Ethics Committee of the Department of Health Studies before the study could be conducted (Annexure A). Permission was also sought from the nursing colleges through the Gauteng and KwaZulu-Natal provincial health departments, relevant authorities in private nursing schools, and the respective universities' research structures (Annexures B and C). The following ethical standards for nurse educators were upheld as outlined by DENOSA cited in Brink et al (2012:48–51): fostering of justice; beneficence and excluding harm and exploitation of participants; self-determination (autonomy); ensuring confidentiality and anonymity; and ensuring quality research.

2.4.1 Fostering of justice, beneficence and excluding harm and exploitation of participants

The researcher assessed and observed participants for signs of emotional, social or physical discomfort, prior to and during the interviews. The researcher did not envisage any risks from this study. The benefit is that guidelines to facilitate the self-leadership of nurse educators in nursing education institutions were described, and thus, the quality of nursing education received by student nurses in the nursing education institutions would improve. Participants were informed of their right to withdraw at any time or stage of the research without any penalty.

2.4.2 Self-determination (autonomy)

Prospective participants should have the opportunity to choose whether or not to participate in the research. The researcher requested consent from the participants

before the study was undertaken. Participants were given all relevant information in an information leaflet regarding the study (Annexures D and G). This included obtaining their consent to participate voluntarily, the purpose, objectives, method of data collection and importance of the study as well as what is expected of them during the research process. The participants were also informed that by virtue of them completing the questionnaire, the implication was that they consented to voluntarily participate in the study. Participants' responses and information were recorded on a tape recorder with their permission and they were informed that the researcher would make notes during the data collection process.

2.4.3 Ensuring confidentiality and anonymity

The researcher ensured that participants' anonymity was withheld throughout the study. Participants were not required to identify themselves in the questionnaires. Anonymity was upheld to ensure that the responses are not linked to the participants. The names of the participants were not mentioned, and confidentiality was assured by erasure of taped material on completion of transcripts of audiotapes.

2.4.4 Ensuring quality research

The researcher conducted the research under the guidance of the promoter of the study. The research findings will be communicated or disseminated to the participants at their request.

2.5 SUMMARY

In this chapter, a detailed account of how the study was conducted in order to achieve the research objectives was provided. The research design is sequential mixed research, descriptive and exploratory. An in-depth description of the research method regarding the population, sample and sampling method, data collection, and data analysis for the study was provided. A detailed discussion on the integration of data, the development and validation of guidelines for the facilitation of self-leadership within nurse educators was provided. Measures to ensure rigour and ethical considerations were also described.

Chapter 3 is an integrative literature review of the concept self-leadership.

CHAPTER 3

INTEGRATIVE LITERATURE REVIEW (PHASE 1, SUBPHASE 1)

3.1 INTRODUCTION

An integrative literature review is a form of research that reviews, critiques and synthesises representative literature on a particular topic in an integrated way, such that new frameworks and perspectives on the topic are generated (Torraco 2005:356). The purpose of the integrative literature review was to explore and describe the meaning of the concept self-leadership within a nursing education context. The integrative literature review was Phase 1 (subphase 1) of the study. Data collected through the integrative literature review was used to develop the questionnaire that was used in Phase 2 of the study. The aim of this integrative literature review was to understand the meaning of self-leadership of nurse educators for the purpose of maintaining nursing education standards that are essential in the design and implementation of reforms in nursing education and practice.

The process of conducting an integrative literature review was done using the following stages: problem formulation (problem identification); literature search; data evaluation; data analysis; and presentation (Whittemore & Knafl 2005:548).

3.2 STAGES OF INTEGRATIVE LITERATURE REVIEW

3.2.1 Problem formulation (problem identification)

Given the paradigm shift of organisational environments, moving away from the traditional top-down command and control leadership style towards a focus on internal leadership skills that can assist individuals to make smart decisions in the absence of traditional external leadership, self-leadership has emerged as one way in which to achieve organisational success.

Although there are numerous studies on self-leadership of managers available in the literature, these studies do not address the self-leadership of nurse educators in nursing

education institutions. Studies on leadership in academic institutions focus mainly on how heads or deans of nursing departments or schools influence educators and students. However, these studies do not consider that leadership extends beyond the formal authority of designated or appointed leaders.

Thus, a clear understanding of the meaning of the concept self-leadership within a nursing education institution context is not yet known. Self-leadership in general is defined as a self-influence process and set of strategies that address how individuals set their own standards and objectives and strategic analysis of their actions (Manz 2015:135). The meaning of self-leadership in nurse educators would assist in identifying key role players, as well as support for its promotion and practice in a nursing education institution context. The traditional view on leadership is that it is an outward process involving the influence formally designated leaders exercise on followers. However, a relatively different view of leadership suggests that organisational members are capable of leading themselves to some degree. This enhances employee empowerment, self-managing work teams, and the sharing of leadership throughout the organisation (Kezar & Holcombe 2017:10).

The following question formed the basis of the integrative literature review:

What is the meaning of self-leadership amongst nurse educators in a nursing education institution?

According to Coughlan, Cronin and Ryan (2016:17), an integrative literature review maybe used to provide a comprehensive understanding of a concept. Conducting the integrative literature review would also contribute to the development of a knowledge base of informing the practice of self-leadership by nurse educators. Understanding of self-leadership amongst nurse educators also assisted the researcher in the formulation of questionnaires and in the formulation of guidelines that facilitate their self-leadership.

The study adopted Manz's theoretical framework of self-leadership (Manz 1986:585–600). Self-leadership theory stems from social cognitive theory, control theory and intrinsic motivation theory. It draws from the insights of such theories on the mechanisms of the self-regulatory process, and provides guidelines for effective self-regulation. The self-leadership theory purports the premise that even though organisations provide performance standards, evaluation mechanisms and have systems of reward and

punishment, each employee in the organisation possesses an internal self-control system. Individuals possess self-generated personal standards, engage in self-evaluation processes and self-administer rewards and punishments in managing their daily activities, where the value and power of these mechanisms cannot be ignored. Self-leadership comprises three strategies, namely, behaviour-focused strategies, natural-reward strategies, and constructive thought strategies (Manz 2015:135–136). The researcher searched for evidence in the literature that provided relevant data to describe the meaning of self-leadership based on Manz's theoretical framework in a nursing education institution context, through an integrative literature review.

Self-leadership has three categories, namely, behaviour-focused strategies, natural-reward strategies, and constructive thought strategies (Manz 2015:135–136). Manz (2015:141–146) expands the capacity of self-leadership and adds the following strategies in the self-leadership dimension: collaboration as a self-leadership strategy; emotional self-leadership; and other considerations for expanded self-leadership capacity. Manz's theory framework of self-leadership was discussed in-depth in Chapter 1 (section 1.7.2). For the purpose of this study, self-leadership refers to when nurse educators self-direct and motivate themselves to efficiently carry out their assigned roles and responsibilities in the nursing education institution.

3.2.2 Literature search

Data sources for an integrative literature review include all relevant literature. However, the researcher focused on peer-reviewed studies published in the English language from 2000 to 2018. The researcher conducted a comprehensive computer-assisted literature search using the keywords in relation with different official designations in search engines such as Google Scholar and databases such as the ProQuest, Cumulative Index of Nursing, and Allied Health Literature (CINAHL), PubMed, SAGE, MEDLINE, ERIC and EMERALD. The search was conducted by using the key terms: faculty self-leadership, teacher self-leadership, nurse educator self-leadership, self-leadership of coaches, self-leadership of the preceptor, and academic self-leadership. The inclusion and exclusion criteria were as follows:

Inclusion criteria

- published literature
- peer-reviewed academic literature, systematic reviews, master's dissertations and doctoral theses
- publications in English
- limited to faculty self-leadership, teacher self-leadership, nurse educator self-leadership, self-leadership of coaches, self-leadership of the preceptor and academic self-leadership. Articles that addressed self-leadership of any healthcare worker involved in education and training, nurse educator, faculty, facilitator or teacher were included in the search.
- literature from January 2000 to December 2018

Exclusion criteria

- unpublished manuscripts, such as abstracts, opinion statements, letters, editorials, commentaries, book chapters, project reports, as well as studies on facilitation workshops and projects
- abstracts that were unobtainable in English publications before the year 2000 and after December 2018

The university librarian was requested to assist in the literature search, using the above-mentioned inclusion and exclusion criteria. The librarian found 49 dissertations and theses, however, only three could be used by the researcher, as most of them did not fit the inclusion criteria. The librarian also supplied the researcher with studies from the Nexus Database System, which generated 15 studies. However, those studies were dissertations and theses that focused on self-leadership of participants other than those described in the inclusion criteria. The studies on self-leadership that did not fit the inclusion criteria were not discarded completely, but were used as resources to support or refute findings in other forthcoming chapters of this study.

The literature search yielded a combined total of 9 069 articles, of which 9 048 did not fit the inclusion criteria. Thus, only 21 studies matched the inclusion criteria. The researcher embarked on a hand search of those studies that did not meet the inclusion criteria. The

aim was to increase the rigour of the integrative literature review (England 2012:33). Hand-searching yielded only three studies on self-leadership that met the inclusion criteria, and were then included in the data.

Therefore, in total, 24 studies were included, before undergoing a critical review. Figure 3.1 below exhibits a flow chart illustrating the literature search process.

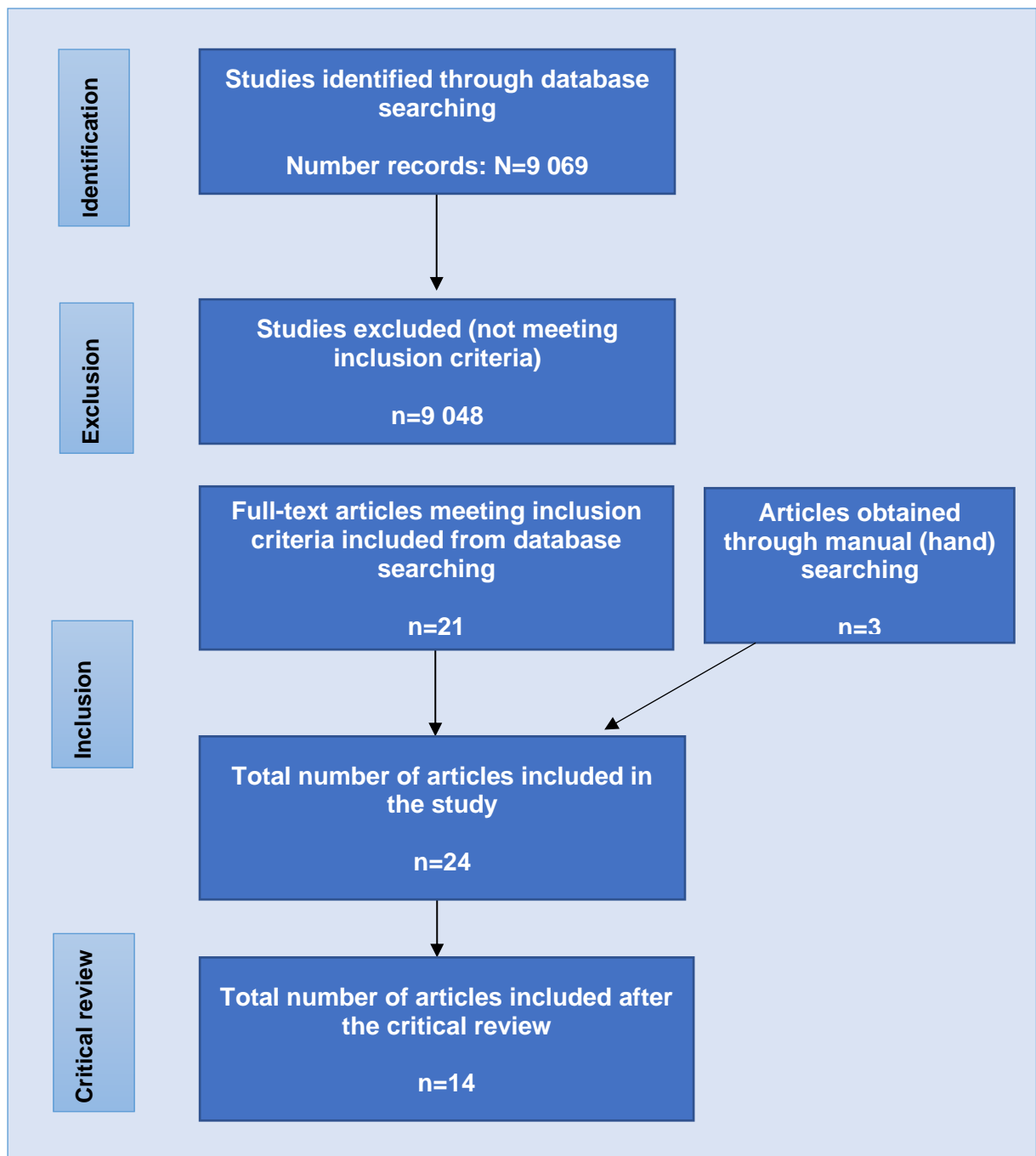


Figure 3.1 Overview of the literature search

Table 3.1 below is a tabulation of the number of articles included per database, before the critical appraisal process was conducted. Hand-searched studies were also indicated as such on the table.

Table 3.1 Number of included articles per database (n=24)

Database	Number of articles included
Academic Journals	2
Academic Search Premier	1
CINAHL Plus	1
Horizon Research Publisher	1 (hand-searched)
Human Resource Management Academic Research	1
LH Martin Institute for Tertiary Education Leadership and Management	1
Mediterranean Centre of Social and Educational Research	1
PsycINFO	2
SABINET	3
SAGE	2 (1 hand-searched)
Science Direct	1
Social Science Research Network	1
SreeSastha Institute of Engineering and Technology	1
Taylor AND Francis online	1 (hand-searched)
Oxford Brookes University	1
JOE.org	1
KoreanMed Synapse	1
Education Source	2

3.2.3 Data evaluation

A critical appraisal of each of the 24 selected studies followed, so that only the best available evidence would feature in the integrative literature review (Holly 2013:129). The researcher, in consultation with the supervisor, chose the Joanna Briggs Institute (JBI) Critical Appraisal Tools, which are design-specific critical appraisal checklists used to analyse the included literature critically. The Joanna Briggs Institute calls for rigorous appraisal of the studies that meet the inclusion criteria as described in the protocol by two critical appraisers in order to inform synthesis and interpretation of the results of the study. Thus, the researcher and the study supervisor critically reviewed the 24 articles to determine the quality of studies to prevent diverse sources of systematic bias from the different study designs (Young & Solomon 2009:84). The utilisation of two independent reviewers, namely the researcher and study supervisor, prevented bias that could be brought about by evaluation of the studies according to the beliefs of just one reviewer and inclusion or exclusion based on the direction of the strengths of the study findings.

The two reviewers discussed the relevance of each possible study and reached consensus on the studies for critical review. The JBI critical appraisal instruments used in a critical appraisal process are as reflected in Table 3.2 below:

Table 3.2 The JBI instruments used in the critical appraisal process

Type of design	JBI critical appraisal tool
Experimental	Checklist for randomised control studies
Descriptive: Correlation	Checklist for quasi-experimental studies
Descriptive: Cross-sectional	Checklist for analytical cross-sectional studies
Literature review	Checklist for systematic reviews
Qualitative	Checklist for qualitative research

The outcome of the JBI critical appraisal of the 24 studies subjected to review were that 14 qualified and 10 failed the review. Thus, 14 articles made it through the review. Annexure I tabulates the 14 articles arranged according to their author(s) alphabetical order, including the details of the database or publisher, the journal, study design/methodology, details of participants and sample size, and key findings and recommendations from each article. Further classification of the 14 articles according to the type of design as provided for by the JBI critical appraisal system is depicted in Table 3.3.

3.2.4 Data analysis

Whittemore and Knafl (2005:546) propose that in an integrative literature review, the data analysis methods of qualitative research ought to be used when the sources are of diverse methodologies, and are empirical and theoretical in nature. A constant comparison method is one overarching approach used in a broad array of qualitative designs that converts extracted data into systematic categories, facilitating the distinction of patterns, themes, variations, and relationships (Whittemore & Knafl 2005:550). The extracted data are compared item by item, so that similar data are categorised and grouped together. Subsequently, these coded categories are compared, thus furthering the analysis and synthesis process. In the integrative review method, this approach to data analysis is compatible with the use of varied data from diverse methodologies (Whittemore & Knafl 2005:550).

The method of data analysis, as outlined by Miles and Huberman (Whittemore & Knafl 2005:550–552) was utilised, namely: data reduction, data display, data comparison, conclusion drawing, and verification. The stages of data analysis were concurrently undertaken during the process of the integrative literature review.

3.2.4.1 *Data reduction*

The diversity of the sources that were reviewed enhanced the researcher's holistic understanding of the self-leadership of educators. The sources used were organised or arranged based on the database or publisher and journal from which the source was obtained, the author(s), study design or methodology, details of participants and sample size, key findings, and recommendations from the study. The country where the research was conducted was also indicated.

3.2.4.2 *Data display*

Data display involves converting the extracted data from individual sources into a display that assembles the data from multiple primary sources around particular variables or subgroups. Data displays can be in the form of matrices, graphs, charts, or networks, and may set the stage for comparison across all primary sources in order to enhance the visualisation of patterns and relationships within and across primary data sources (Whittemore & Knafl 2005:551). Tables, figures, and annexures were used to display the data in order to enhance the visualisation of patterns and relationships of the primary sources. The researcher also arranged the primary sources per database in Annexure I. Table 3.3 indicates the number of studies included after the critical review, according to their type of design. Eight (57.14%) of the studies were both descriptive and quantitative in design.

Table 3.3 Studies included in the integrative literature review after the critical review (n=14)

Type of design	Number of studies	Percentage (%)
Experimental	0	0.0
Descriptive: Correlation	7	50.0
Descriptive: Case study	1	7.14
Descriptive: Cross-sectional	0	0.0
Literature review	3	21.43
Qualitative	3	21.43

3.2.4.3 Data comparison

Contrasts and comparisons of data were made so as to determine common and unusual patterns. Table 3.4 exhibits patterns as themes, categories and subcategories. These are further discussed in the next section. The categories were determined by identifying patterns and relationships from the data on self-leadership of educators. Categories were produced by breaking down data and rearranging the data so that comparisons could be facilitated, leading to a better understanding of self-leadership of educators (Teddle & Tashakkori 2009:252). The three main themes are i) *self-leadership benefits*, where self-leadership was described as having benefitted both the individual, the team and institution; ii) *lack of self-leadership awareness*, wherein self-leadership was not practiced or promoted because role players lacked understanding self-leadership, and iii) *self-leadership facilitative factors*, wherein the external factors that promote the practice self-leadership were described.

Table 3.4 Findings of data comparison of literature findings

Theme	Category	Subcategory
1 Self-leadership benefits	1.1 Individual	1.1.1 Innovative and creative behaviours 1.1.2 Self-awareness 1.1.3 Self-mentoring
	1.2 Effective team and institution	
2 Lack of self-leadership awareness	2.1 Lack of self-leadership skills among educators	
	2.2 Obstacles of self-leadership	2.2.1 Rigid bureaucratic systems 2.2.2 Autocratic leadership
3 Self-leadership facilitative factors	3.1 Leadership of designated leaders	3.1.1 Transformational leadership 3.1.2 Shared leadership 3.1.3 Collaborative leadership 3.1.4 Role modelling
	3.2 Professional development of educators	3.2.1 Training in transformational behaviours 3.2.2 Training in self-leadership strategies

Discussion of findings

3.2.4.3.1 Theme 1: Self-leadership benefits

The articles that were selected indicated that self-leadership had benefits for individual educators such as innovative and creative behaviours, self-awareness, and self-mentoring. Although this study focuses on nurse educators, findings from studies from other disciplines added value in the meaning of self-leadership in nurse educators. According to Park, Moon and Hyun (2014:121–122), self-leadership is an important role player in the stimulation of innovative behaviours amongst sports educators. The literature also indicates that when individuals practised self-leadership, there is a high level of self-awareness, which in turn, assist them in preparing themselves for situations where there are elevated levels of interpersonal conflict. This is because when educators have self-awareness, they develop the skill of self-exploration, and use the self as a facilitation tool (Thomas 2008:182). Self-leadership appears to be beneficial for not only individual educators, but also for teams and the institution as a whole. Kumar (2015:38) posits that educators who positively identified with an organisation tend to think creatively

and share their ideas with top management and other faculty, which in turn, benefits students. These findings are supported by Davoudi, Pajohesh and Karamafrooz (2015:101), who indicate that self-leadership is directly related to team commitment and confidence that are in turn related to shared commitment.

A unique, unexpected and interesting subcategory on self-leadership of educators is that of self-mentoring. This information is quite valuable considering that mentoring is essential in the retention of nurse educators, their ongoing career development, and leadership development in nursing education institutions (Nick, Delahoyde, Del Prato, Mitchell, Ortiz, Ottley, Young, Cannon, Lasaster, Reising & Siktberg 2012:n.p). Often, nurse educators wait to be allocated a mentor, whereas they could take the initiative to self-mentor (Carr, Pastor & Levesque 2015:4). Although mentoring is beneficial and fruitful to move novice educators from dependence to independence and proficiency, there are times when mentoring may flounder for various reasons, such as the unavailability of suitable mentors and insufficient time, where as a result, self-mentoring becomes the only alternative (Carr et al 2015:3). Self-mentoring is an act of leading oneself in an unknown work environment through finding resources, self-tutoring, listening and clarifying, reading and researching, and observing people in order to develop skills that meet workplace expectations (Carr et al 2015:4).

3.2.4.3.2 Theme 2: Lack of self-leadership awareness

The integrative literature review also revealed that there was a lack of self-leadership awareness amongst the educators and the leadership of institutions. Ricketts, Carter, Place and McCoy (2012:n.p) report a lack of awareness amongst extension educators on how their thought processes contributed to leadership. Other literature sources mention the impediments that may be responsible for the lack of self-leadership amongst educators. These impediments include issues related to institutional leadership, such as rigid bureaucratic systems, and autocratic leadership. Bolden, Jones, Davis, and Gentle (2015:7) state that rigid structures that rely on formal positions restrict academics from leading, and such a corporate approach to leadership and management of academic institution has the potential to erode self-leadership in educators.

3.2.4.3.3 *Theme 3: Self-leadership facilitative factors*

The selected studies indicated that there are some factors that facilitate self-leadership. Among them are the leadership of designated leaders and the professional development of educators. The literature review revealed that designated leaders that exercise transformational leadership also facilitate self-leadership of educators, shared leadership, collaborative leadership, and role modelling. Marshall et al (2012:713) posit that transformational leadership positively influences teacher self-leadership, where shared leadership also stimulates knowledge creation among university faculty (Davoudi et al 2015:97).

The study by Jooste, Julie, Le Roux, Willemse, Rashe, Essa and Arunachallan (2014:1737, 1746) on a nurse academics leadership programme in a participatory educational workshop found that a transformational leader provides inspiration towards self-leadership that enhances collaboration among academics towards a shared goal of research output and leadership of an institution. Similarly, transformational leaders serve as role models, who encourage their followers to transcend their self-interests and display shared leadership behaviours themselves; helping to strengthen employees' self-efficacy and, hence, their willingness to practise self-leadership (Marshall et al 2012:713).

The sources in this integrative literature review also revealed that training in transformational behaviours facilitates the development of self-leadership. Marshall et al (2012:707) found that training in transformational leader behaviours, such as articulating a vision, high-performance expectations, individualised consideration and intellectual stimulation, facilitate teacher self-leadership in vocational colleges. Jooste and Le Roux (2014:282) strongly recommend that organisations invest in the professional development of self-leadership strategies of staff. Razieh et al (2013:200) share this view, and point out that people can be trained to adapt and enhance their self-leadership skills and thereby improve their performance. Hence, organisations need to invest in developing self-leaders through training that improves self-leadership skills to improve the overall functioning of the organisation.

3.2.4.4 Conclusion drawing and verification

All the studies included after critical review describe self-leadership in educators in a positive light, that is, self-leadership improves the performance of educators irrespective of the context of the educational setting. However, the way in which self-leadership of nurse educators occurs in nurse education institutions remains not fully described, due to a lack of specific literature on the topic. Limited information compelled the researcher to borrow from other contexts of educators, such as school teachers and university faculty that teach subjects other than nursing. Thus, such information cannot be generalised to nurse educators.

Verification with primary sources for accuracy and confirmability was done for discernment of patterns, themes, relationships and conclusions, making sure to include all pertinent evidence. The subgroups were combined for a final analysis, and an integrated summation of the topic completed the review process, as depicted in Table 3.4.

3.2.5 Data presentation stage

The presentation phase of the literature review calls for a logical chain of evidence to support the conclusions. The results should capture the depth and breadth of the topic and contribute new insights (Whittemore & Knafl 2005:552). The researcher found that the meaning of self-leadership and its dimensions in the articles was broad and applicable in different contexts, however, the application of the self-leadership activities could be one that differentiates a certain context from another. The self-leadership dimensions mentioned in the sources are behaviour-focused strategies, natural reward (intrinsic motivation) strategies, and constructive thought pattern strategies. The dimensions and their application (strategies) are described below:

- Behaviour-focused strategy dimensions are described as strategies that increase an individual's self-awareness and aimed at fostering behavioural management, particularly when it comes to necessary but unpleasant tasks. The extracted data identified the following behaviour-focused self-leadership strategies that could be used by educators in an educational setting:

- *self-observation* refers to when the educator tracks his/her progress towards a goal, managing the self and performance independent of supervisors and tracking progress towards a goal and challenging irrational beliefs and assumptions during teaching and non-classroom activities
- *self-goal setting* is becoming aware of causes of behaviour to change ineffective patterns by setting challenging goals for self
- *self-reward* is congratulating oneself with concrete and precious award after accomplishment of a goal, as a form of reinforcement of desirable behaviours
- *self-criticism* is when one engages in constructive but not excessive criticism of the self in order to shape desirable behaviours
- *self-cueing* is the act of practicing desired behaviours such as formulating “a to do list”, taking notes, displaying achievements on the wall, setting an alarm, and removing negative cues, such as closing the office door to prevent distractions
- Natural reward (intrinsic motivation) strategies are a set of self-leadership strategies that focus on fostering a positive effect. The general approach involves building natural motivation into the task itself. That is, it strives to create a relationship between individuals and their work that motivates them to perform activities for their value rather than for something individuals receive external to the tasks. Natural reward-focused strategies derive from a similar foundation to self-determination theory, where the emphasis is on natural or intrinsic rewards that are part of task performance. Strategies in this self-leadership category centre on building in or focusing on naturally motivating aspects of work activities. More specifically, they are applied to create motivating feelings of positive self-control, competence, and purpose. There are two natural reward strategies that can be used by educators to demonstrate self-leadership in an educational setting, namely:
 - *building intrinsic motivations* through creating enjoyable work activities, such as organising regular workplace visits and providing written feedback to students
 - *focusing on intrinsic motivators* by performing a pleasurable job feature such as teaching activities with students outside on a sunny day

- Constructive thought pattern strategies purport that people can influence their thoughts, including the focus of their mental activity and how their cognition is processed, such as when individuals desire successful performance by determining goals, self-talking and assessing own thoughts and ideas. An individual's own negative thoughts and ideas triggered by stressful and difficult conditions may lead to a performance-related problems. An individual's self-talk allows the individual to dispose of negative and pessimistic thoughts and replace them with more optimistic dialogues mentally by talking to the self. The following strategies can facilitate the generation of habitual ways of thinking that positively influence performance of educators:
 - *mental imagery* through visualising successful future performance e.g., facilitation of an engaging lecture and improving communication skills during teaching and learning, for example, giving praise, showing appreciation
 - *positive self-talk* through conversing with the self in the mind, for example, by practising positive internal dialogue, rehearsing before presentation, taking risks e.g. introducing new teaching programmes, an most importantly, recovering quickly from feelings of failure or rejection

3.3 RIGOUR

The methodological strategies proposed by Whitemore and Knafl (2005:546–551) provided direction on the methodological rigour of this integrative literature review. A description of the selection criteria of the studies to be used were included in the review and a detailed description of the characteristics of the studies utilised were provided. The analysis of the studies selected by the two reviewers and one independent coder, and a detailed presentation of the results of the analysis are provided in synthesised tables (Soares et al 2014:334, 338; Whitemore & Knafl 2005:547–551).

The researcher utilised diverse empirical sources, such as data sources, and the process of conducting the research review consisted of different stages. Literature search strategies were well-defined so that not only computer-based, but also other recommended approaches to searching the literature, such as journal hand searching, networking with scholars in order to be guided to suitable publications, and searching research registries were used. Reliable and valid coding procedures were also used to ensure methodological rigour. These included the use of more than one reviewer for the

critical review, which reduced the possibility of bias. The researcher left an audit trail and validated the findings against the sources used. Further to this, the researcher adhered to policies for copyright infringement and plagiarism to uphold the academic integrity of the study. All sources used in the integrative literature review are referenced in the list of references.

To ensure rigour in the integrative literature review, the researcher utilised diverse empirical and theoretical sources such as data sources, and the process of conducting the research review consisted of different stages. Literature search strategies were well-defined, so that the research was not only computer-based, but included other recommended approaches to searching the literature, such as ancestry searching, journal hand searching, networking, and searching research registries. Reliable and valid coding procedures also ensured methodological rigour. The researcher adhered to UNISA's Policy for Copyright Infringement and Plagiarism in order to uphold academic integrity of the study. All sources used in the integrative literature review were indicated in the bibliography or list of references according to UNISA guidelines. The librarian was requested to participate in the literature process. The researcher consulted the study supervisor to further interrogate the inclusion criteria and the quality of included studies.

3.4 SUMMARY

Self-leadership is a broad concept with three dimensions, namely behaviour-focused strategies, natural reward (intrinsic motivation) strategies, and constructive thought-pattern strategies. As a result, the meaning of self-leadership in a nursing context could not be clearly elucidated, as the articles were drawn from contexts of different education professions. Limited data compelled the researcher to borrow from that detailing educators in other contexts, such as school teachers and university faculty that teach subjects other than nursing. Polit and Beck (2010:111) assert that researchers can envision which contexts are more like the one in their study and support the extrapolation and transferability of findings to people, settings, socio-political contexts similar to the one under study. Although the researcher attempted to provide a thick description of concept the self-leadership from a general education context, the findings cannot be generalised into a nursing education context. Lincoln and Guba (1985:124–125) used the term fittingness to refer to the degree of congruence or similarity between two contexts, and added that it was the responsibility of the researcher to provide sufficient information

about the research participants and settings so that those interested in transferring the findings could assess its utility, and make an informed judgement.

There was need for a further description of the concept, where nurse educator self-leadership and exploration of self-leadership practices from nurse educators themselves, through conducting interviews and surveys in order to get a comprehensive understanding of the concept. These areas were covered in Chapters 4 and 6 respectively and did not only assist in identifying the self-leadership activities in which nurse educators engage, but also identify the role that stakeholders play to create an enabling academic environment that promotes the development and practice of self-leadership, such as mentoring programmes, and provide training interventions to support faculty with self-leadership strategies.

Since self-leadership can be developed through training, it should form part of a leadership programme in nursing education institutions, so that it can be introduced to students in their training with the aim of enhancing their academic performance, proactive behaviours, innovative behaviour, as well as in preparation for their future nursing practice. Self-leadership could also form part of Nursing Education training curriculum for the preparation of the prospective nurse educators.

The purpose of this integrative literature review was to explore and describe the meaning of the concept self-leadership within a nursing education context. The integrative literature review also constituted Phase I (subphase 1) of the study. The different stages undertaken during the integrative literature review and the methodological rigour employed were described. Data collected through the integrative literature review was used to develop the questionnaire that was used in Phase 2 of the study. Chapter 4 presents the data analysis, presentation, description, and literature control of the research findings of Phase 1 (subphase 2) of the study. Phase 1 (subphase 2) entailed conducting semi-structured focus group interviews with nurse educators from a selected group.

CHAPTER 4

DATA ANALYSIS, PRESENTATION, DISCUSSION AND LITERATURE CONTROL OF THE RESEARCH FINDINGS OF PHASE 1 (SUBPHASE 2)

4.1 INTRODUCTION

This chapter discusses and presents the data analysis and literature control of the qualitative phase (Phase 1, subphase 2). Data were collected through focus group interviews on nurse educators with regard to how they perceived their self-leadership, and on how self-leadership could be facilitated in a nursing education institution. Four focus group interviews were conducted, each with nurse educators at a nursing college, private nursing school and a university. The discussion was supported by in-text reference to the relevant areas and related literature.

4.2 DATA ANALYSIS

Data analysis for the four focus group interviews (including the pilot focus group interview) conducted in Phase 1 (subphase 2) was performed independently by the researcher and the independent co-coder. The independent co-coder was purposely selected because of her knowledge and experience in qualitative research (Annexure M). The data analysis method used was the open coding Tesch method (Creswell 2014:197–200). The researcher and the independent coder held one consensus meeting to discuss the categories and subcategories that were identified independently, and to verify similar patterns and gaps, until an agreement was reached on how categories and subcategories related to one another, and how these would be arranged in columns. The results of the data analysis that emerged were four main themes, ten categories, and their related subcategories. A detailed description of the methodology used in this phase was presented in Chapter 2, section 2.3.2. The main themes that emerged from the sample are indicated in Table 4.1.

4.3 DATA ANALYSIS, PRESENTATION, DISCUSSION AND LITERATURE CONTROL OF THE RESEARCH FINDINGS OF PHASE 1 (SUBPHASE 2)

A pilot study was conducted through a focus group interview with four nurse educators from a private nursing school. Before the pilot focus group interview, the nurse educators were provided with information leaflets and informed consents that informed them that the data from their interview would be analysed and that findings could be disseminated in various types of reports. Due to the significance and uniqueness of the data provided by the pilot study, the data were included during data analysis. The pilot study assisted the researcher with the formulation of questions to ask during the probing of information from the nurse educators in the focus group interviews that centred on how they perceived their self-leadership. After the pilot study, the actual focus group interviews were then conducted. Each interview was scheduled to last 45 to 60 minutes, however, some interviews were prolonged, due to the need for further clarity and exploration of the meaning of the participant inputs. Thus, each focus group interview continued until data were saturated.

A battery-operated audiotape was used to capture the responses from the participants during the focus group interviews. The researcher took field notes directly after the interviews to gather information about the interview process, such as the verbal and non-verbal communication, mannerisms, and emotions of the participants, as well as other dynamics that occurred during the focus group interviews. The three main, broad questions asked by the researcher were:

- Can you please describe how you perceive your self-leadership?
- What are the self-leadership activities that you engage in as a nurse educator?
- How can the self-leadership in nurse educators be facilitated in a nursing education institution?

The researcher used communication skills such as probing, reflecting, use of silence, validating, and nodding in order to get as much information as possible on the research questions. Four themes and ten categories with their related subcategories emerged from the data analysis as indicated in Table 4.1. The four themes that emerged were:

- Theme 1: Perception of self-leadership in nurse educators
- Theme 2: Engagement in self-leadership activities
- Theme 3: Motivational factors in self-leadership
- Theme 4: Facilitation of self-leadership in nurse educators

Table 4.1 Themes, categories and subcategories

Theme	Category	Subcategory
1 Perception of self-leadership in nurse educators	1.1 View of self-leadership through mirroring the self (personal factors)	1.1.1 Being in possession of self-discipline 1.1.2 Being a visionary leader 1.1.3 Being a goal setter 1.1.4 Being a role model 1.1.5 Being a self-motivator 1.1.6 Being in possession of intra and interpersonal skills
	1.2 View of self-leadership as related to knowledge	1.2.1 Being an initiator 1.2.2 Being organised 1.2.3 Being a knowledge-seeker 1.2.4 Being a reflective practitioner
	1.3 View of self-leadership in relation to students	1.3.1 Responsible and accountable towards students
	1.4 View of self-leadership within the realms of the community	1.4.1 Community teacher
2 Engagement in self-leadership activities	2.1 Engagement in personal activities	2.1.1 Self-development 2.1.2 Self-reflection 2.1.3 Self-control
	2.2 Engagement in work-related tasks	2.2.1 Role modelling 2.2.2 Collaborating 2.2.3 Taking leadership role
3 Motivational factors in self-leadership	3.1 Motivating factors	3.1.1 Internal motivating factors 3.1.2 External motivating factors
	3.2 De-motivating factors	3.2.1 Lack of incentives 3.2.2 Lack of management support 3.2.3 Lack of collegial/peer support
4 Facilitation of self-leadership in nurse educators	4.1 Facilitation of self-leadership by the self	4.1.1 Continuing professional development
	4.2 Facilitation of self-leadership by the institution	4.2.1 Mentoring 4.2.2 Succession planning 4.2.3 Management support

4.3.1 Theme 1: Perception of self-leadership in nurse educators

In Theme 1: Perception of self-leadership in nurse educators, four categories emerged, namely view of self-leadership through mirroring the self; view of self-leadership as related to knowledge; view of self-leadership in relation to students; and view of self-leadership within the realms of the community. These categories indicate how nurse educators perceived their self-leadership. Theme 1's categories and subcategories are indicated in Table 4.2 below:

Table 4.2 Theme 1: Perception of self-leadership in nurse educators

Theme	Category	Subcategory
1 Perception of self-leadership in nurse educators	1.1 View of self-leadership through mirroring the self (personal factors)	1.1.1 Being in possession of self-discipline 1.1.2 Being a visionary leader 1.1.3 Being a goal setter 1.1.4 Being a role model 1.1.5 Being a self-motivator 1.1.6 Being in possession of intra- and interpersonal skills
	1.2 View of self-leadership as related to knowledge	1.2.1 Being an initiator 1.2.2 Being organised 1.2.3 Being a knowledge-seeker 1.2.4 Being a reflective practitioner
	1.3 View of self-leadership in relation to students	1.3.1 Responsible and accountable towards students
	1.4 View of self-leadership within the realms of the community	1.4.1 Community teacher

4.3.1.1 Category 1.1: View of self-leadership through mirroring the self (personal factors)

The nurse educators perceived self-leadership as mirroring the self, viz. being consciously aware of their own characters, strengths and weaknesses, values, motivations, beliefs and feelings or emotions. The subcategories associated with this category were: being in possession of self-discipline; being a visionary leader; being a goal setter; being a role model; being a self-motivator; and being in possession of intra and interpersonal skills.

4.3.1.1.1 *Subcategory 1.1.1: Being in possession of self-discipline*

Nurse educators perceived their self-leadership as having the strength to prioritise and focus on performing activities at the nursing education institution as illustrated by the following quotations:

“For example, you see that we are having an open plan office – we are in an open plan office. It is all of us in one room, so when you are supposed to work, you work and keep quiet as if there is no one there. It is only you alone in the office ... you must be self-disciplined in such a way that you are able to concentrate on your work even in an open plan situation like this.”

“You can only be organised if you are able to discipline yourself. With this discipline you won’t go for WhatsApp, you won’t go for playing cards. You will only concentrate on what you are supposed to do. And then on the very organisation, if it’s at work, you also have an organised or a planned meeting outside. You will be able to attend, there is no way where you can give excuses by saying I was delayed because I was doing 1, 2, 3 or I was not aware, if you are an organised person, because you have the schedule.”

Self-discipline was also viewed as a way of monitoring one's behaviour or actions when engaged with students as quoted:

“If I don’t have discipline I cannot discipline the others.”

According to Dhiman (2015:159), people who possess self-discipline have the ability to resist temptation, the ability to tolerate delay of gratification, and the ability to impose strict standards of accomplishments on themselves. Hagger and Hamilton (2019:325) corroborate the participants’ statements when defining self-discipline as an individual’s capacity to suppress and inhibit strong responses in favour of an alternative action that is strategic and services a long-term or higher-order goal; such individuals effectively manage conflicts between momentary impulse-driven goals with small, gratifying short-term gains and long-term goals with larger gains that require greater effort and persistence (Duckworth & Seligman 2006:199). Other examples of self-discipline include deliberately modulating one’s anger rather than having a temper tantrum; reading test instructions before proceeding to the questions; paying attention to a lecture; saving

money so that it can accumulate interest in the bank; choosing to do academic work instead of watching TV; and persisting on long-term assignments despite boredom and frustration. Neck et al (2019:74) termed such activities as self-discipline-oriented self-leadership strategies, which require sacrifices and effort and are integral in achieving one's goals.

4.3.1.1.2 Subcategory 1.1.2: Being a visionary leader

The participants viewed their self-leadership as being able to formulate a vision that articulates one's passion for their teaching career and beyond teaching. The following quotes illustrate the statements:

"I feel as a nurse educator I must have a vision, I must know where I am going, I must know how am I going to get there, because as a leader I have this vision that I can lead the students that I am teaching towards the goal and the vision that I have for nursing education."

"I mentioned that as a leader you must be a visionary leader, know where you are going why do you want to go there and know that people that there are people that you are leading in this place it will be my students. Where am I leading them, I cannot lead them if I don't know where I am going."

"... I can say a leader shouldn't just be focused on what you do here, you should be dynamic, you must be a leader in all spheres and that also will equip you as a leader even with specific job that you are doing."

Patterson and Krouse (2015:78) assert that a leader in nursing education must be able to articulate and promote a vision for nursing education. According to these authors, being a visionary is being futuristic or thinking strategically of where one wants to be in the future. Danielson (2007:14–19) concurs with the participants' views by indicating that the educators' vision extends beyond their own classrooms, even beyond their own teams or departments, where being a visionary teacher means recognising that the students' school experiences depend not only on interaction with individual teachers, but also on the complex systems in place throughout the school and district. This awareness prompts these teachers to want to influence change.

4.3.1.1.3 Subcategory 1.1.3: Being a goal setter

The participants viewed their self-leadership in terms of being able to set clear personal goals and action plans that are achievable. The participants expressed the following statements in relation to goal setting:

“For me to be able to lead myself, I should set very clear goals also. The goals will assist me to come out with specific objectives.”

“.... because we are quite young in the education department or profession, that you give yourself time to grow, but be disciplined in your growing. Set clear goals and guidelines, and try and achieve that realistically.”

“Know the goals that you have set and evaluate what are the goals that you have set and put them according to priorities – prioritise what exactly in your goals do you want to achieve first ...”

“It’s important to have goals, first of all, because goals – if you don’t have goals and then you don’t have direction and short term goals, for me, would be – because I’m a novice educator, I just started out, so that would be for me to become more confident with regard to lecturing, develop good communication skills, set up tests and all of that. Long term goals would be to do my PhD eventually, ja.”

The participants' views are supported in literature by Ross (2014:310), who indicates that individuals who practise self-leadership identify goals as a way of exercising control of their behaviour. A goal-setting educator understands that the process of goal development requires changes in attitude, identifying realistic choices as goals and demonstrating sustained initiative toward achieving the goals (Ross 2014:310). However, Höchli, Brügger and Messner (2018:2) recommend that individuals that work in an academic context would benefit from setting goals that lead to individuals' achievement of higher levels of personal adjustment and growth, namely the superordinate goals. This is due to the fact that superordinate goals represent and determine what people ultimately value and aspire to, they address why an individual may want to engage in a certain behaviour, and they provide a reason or meaning for a target behaviour, with an attached meaning for the future self, leading to better performance on those actions (Höchli et al 2018:3, 9).

4.3.1.1.4 Subcategory 1.1.4: *Being a role model*

Participants described their self-leadership as being role models for their students and peers, who inspire through committed excellence and thus should always be consciously aware that they play an influential part in the professional socialisation and development of student nurses, as quoted:

“... I must be responsible and also have the commitment because I am a role model to the content that I am teaching...”

“As a leader, I think... my leadership role I should always be conscious of my actions. Whatever that I do I should always be conscious that I am being looked upon by students as a role model ...”

“... As a nurse educator you want to see yourself in the product that you are going to produce I want to see myself in whatever I teach them in whatever information I am partaking them I want to see it, I want to see the new development ...”

The participants' statements resonate with Grande's (2018:n.p) definition of a role model as someone who sets a positive example and is worthy of imitation and emulation and is regarded by others, especially younger people, as a good example to follow.

Grande (2018:n.p) further describes role models as individuals who serve as catalysts to transform as they instruct, guide, and facilitate the development of others; whose behaviour is emulated; and whose attributes and attitudes are assimilated. Role modelling in nursing education is a conscious decision of demonstrating leadership and involves teaching students by observation of the nurse educator performing a task or an intervention, which they then will be expected to perform (Adelman-Mullally, Mulder, McCarter-Spalding, Hagler, Gaberson, Hanner, Oermann, Speakman, Yoder-Wise & Young 2013:30). As role models, nurse educators should be well-acquainted with the complexities of patient care, which extend beyond the performance of technological skills to the domains of patient teaching, counselling, monitoring, clinical judgment, ability to work as part of a healthcare team, and ensuring the quality of patient care (Adelman-Mullally et al 2013:30).

4.3.1.1.5 Subcategory 1.1.5: Being a self-motivator

Participants viewed their self-leadership as being able to find reasons and strength to engage in their tasks even in challenging situations, on their own:

“...I think on a daily basis you have to talk to yourself and tell yourself to push harder...”

“Be motivated even if there are weaknesses.”

“I think in self-leadership, another thing that we can add is be motivated – self-motivation. You must be motivated to achieve one’s goals that you have set about yourself ...”

Ross (2014:301) concurs with the participants when indicating that self-leadership involves setting personal standards through the use of goals, which the individual links with intrinsically derived rewards and these rewards are self-motivating. Ross (2014:311) further describes a self-motivated individual as one who recognises that more effort is necessary to achieve a goal, and that this requires that the individual initiates a goal-directed process that involves unfamiliar or untried actions, and thus moving outside of his or her “comfort zone.”

4.3.1.1.6 Subcategory 1.1.6: Being in possession of intra- and interpersonal skills

Intra- and interpersonal skills were described as essential for nurse educators when faced with situations that needed problem-solving when participants were faced with internal and external conflicts that may affect their performance.

With regard to their views related to intrapersonal skills, participants viewed self-leadership as having the ability to self-reflect or introspect on their teaching abilities and correct their performance. It was during this introspection, however, that some participants started to question their own competence and blamed themselves when students did not perform well, at the risk of losing their confidence and self-esteem, as quoted:

“... it starts with the inner self-organisation. My emotional maturity, being self-aware. If you are aware of your weaknesses, your strengths, you are able to work on ...”

“When I am teaching content and I see that that students do not understand me it's a short fall on my side and I always ask myself what else can I do to make sure that they understand me especially if they fail my content. It goes back to saying, 'what is it that I'm not doing right?'”

“... the issue of self-doubt I don't want to use the word normal, but even if no matter how prepared as a new lecturer, but the mere fact that you are going to stand for the very first time in front of the class, even though you have prepared they will always be one or two students who would want to pose other questions, which you are not even sure of how to answer, so it is very important that you go back and I don't think it is a taboo or something if you tell them that I am not sure about that I am still go back and seek more information and then I will come back with the answer.”

“I think this is something that I personally struggled with when I started being an educator. Is to take – we take our groups very personal. Like become like our family. So you want them to perform good and when they do not you look at yourself, what did I do wrong, without realising that it comes from two sides. You can give so much, but a student needs to give the other half, but you need to have that balance. So you cannot also always take the blame only on yourself if your students do not perform because it comes from both sides.”

“... being a new educator, you are not reaching the goals and to say that that's the [indistinct]. Next time I'm going 5% better and so that we – so that you grow as a person and not going home and badgering yourself, you say and breaking your self-esteem down because learning can only take place if there's good self-esteem. And we, as human beings, we make mistakes and by being soft on yourself and sometimes giving you a break like saying tonight I'm not going to work, the students are not here, I will rather focus on family life or whatever, or give yourself play time, so that when the wheel is turning and students are in and it's chaos and lesson preparation, then you can be harder on yourself. That's what I think.”

The participants' views cited above are corroborated by Hassan, Jani, Som, Hamid and Azizam (2015:2), who assert that as an occupation that has a high emotional demand and is highly stressful, feelings of self-doubt can easily creep in on educators. This self-doubt leads to educators having a negative view of their personal capability, which in turn results in lower personal achievement standards, and an atrophy of their self-leadership development (Ross 2014:300).

Literature also indicates that when individuals self-reflect or introspect by continually questioning and re-assessing their values, strengths and weaknesses, they get to understand their own purpose, identity, values, beliefs and emotional states better (Wulffers, Bussin & Hewitt 2016:3). Furthermore, Wulffers et al (2016:3) mention that when individuals have the ability to recognise their weaknesses, they may have feelings of vulnerability. However, this vulnerability in itself becomes an internal resource of strength that allows challenging events to trigger increased self-leadership behaviours.

With regard to interpersonal skills, the participants viewed their self-leadership as having the ability to relate and communicate consistent messages when interacting with students and peers as indicated by the following quotes:

“... to be affirmative – firm there and stand your ground and show the student that what professional leadership is and not to bicker about a point but to solve the problem ...”

“... I just started out, so that would be for me to become more confident with regard to lecturing, develop good communication skills ...”

“... by being consistent with everything that you do ... how you treat students, how you treat each other ... then also need to be strict ...”

Interpersonal skills are basic skills required by educators because it is through effective communication that decision-making is shared, trust is built, collaborative working relationships are fostered, and effective teaching occurs (Hassan et al 2015:1). The interpersonal interaction between nurse educators and their students should be such that the educators still maintain their responsibility as role models who can be trusted to respect, honour, and develop their students (Gardner, Avolio, Luthans, May & Walumbwa 2005:351). This view is also supported by Manz (2015:143–144), who asserts that even

if a team is performing poorly, a self-leader can still express authentic feelings such as disappointment, but emotions should be addressed in ways that still maintain one's credibility and help create an honest, open atmosphere for others.

4.3.1.2 Category 1.2: View of self-leadership as related to knowledge

The nurse educators perceived their self-leadership as related to knowledge. The subcategories associated with this category are being an initiator; being organised; being a knowledge-seeker; and being a reflective practitioner.

4.3.1.2.1 Subcategory 1.2.1: Being an initiator

The nurse educators indicated how they undertook self-directed initiatives and proactive actions to intervene in situations which would negatively affect the students' performance. These actions include nurse educators being innovative and creative. They were quoted as follows:

“... let's say for instance, you have noticed that on several occasions, students will be falling ill or maybe complaining of headache or maybe they are on their menstrual cycle and there is no pads. Then can take an initiative and organise a ... like a first aid kit, or something, for them so that you can be able to cater for those small issues. We don't have to say now you must wait for the Chief Executive Officer of the company. We can come up with a solution little challenges that we come across.”

“Sometimes you take initiative to compile documents that are necessary for our students training. Then we can consult with the principal just for approval of the documents ...”

“It is your responsibility to see that things are running smoothly besides your manager having to run after you ...”

“We are even willing as a team to even come on weekends to help our students. We even though again we don't have anything. But then we are mostly willing ...”

"I think as a nurse leader I should be innovative and creative especially because you know as an educator ..."

The participants' views are supported by Ross (2014:311), who asserts that individuals who practice self-leadership recognise the need to take action and then engage in self-directed actions such as volunteering for extra assignments, assisting co-workers without prodding, initiating social contacts, and proactive involvement in activities.

It is also important that nurse educators be involved in new innovations and creative initiatives in attempts to improve reforms in education by switching from traditional teaching practices that are teacher-centred and to move creative student-centred approaches, which improve student performance (Gorozidis & Papaioannou 2014:1).

4.3.1.2.2 Subcategory 1.2.2: Being organised

The participants viewed their self-leadership as managing time by being at work and class in time, prioritising their workload, developing lesson plans, meeting deadlines and adhering to teaching schedules (timetables) as quoted:

"... I need to be initiative, and ensure that I am able to work within the required time so as to meet the deadline."

"When you are a nurse educator now you have more responsibility that you must be a role model to all the learners whom you are in contact and you must be organised. So if you say you have a class at this time you must be organised which means that it will develop that character to be in time, well organised in time, and when you teach also again you find that your lesson plan is reputable it goes methodologically ... in sequence that is another thing when I said you must be organised. To me, I think those are the most important things for the character which I believe I must have ... that I must be organised."

"Firstly, I manage my own time. How so? If there is a content that needs to be prepared, I prepare it before going to class. And if there are scripts that needs to be marked, we mark them on time that is stipulated that you are supposed to mark them. And then in class, you – yes, there is a timetable and everything but even so you manage your own time that during this time I will be doing this and that. The

timetable is just a guideline, but you know what you are supposed to do at the time? You know the time you are supposed to be on duty, the time you are supposed to leave. And then when it is time for you to do your job, I do my job.”

“I would like to add on what they said. If I’m an organised person, I will definitely be having schedules that I’ve got to adhere to and look into the timeframes that I’ve also set. And as a person, you know, having ... adhering to the plans that you have set out for yourself already show that you are an organised person.”

The participants' views are in line with Killen's (2010:39) assertion that educators ought to be well organised and ensure that systems are put in place to bring order to all aspects of their teaching. The views are further corroborated by Gabriel (2005:15–16), who explains that being organised means having some kind of system in place to stay focused and on track of their responsibilities inside and outside of the classroom, which facilitates being able to handle their numerous responsibilities necessary for teaching and leading. In Morrison and Evans' (2018:361) study, students identify being systematic or organised as characteristics of a good teacher, and as effective teaching practices, which motivate student learning and performance. Examples of systematic or organised teacher behaviours were being prepared for class and evidence of lesson plans (Morrison & Evans 2018:354,360).

4.3.1.2.3 Subcategory 1.2.3: Being a knowledge-seeker

The participants indicated that part of nurse educator self-leadership entailed acknowledging that one has a knowledge-deficit, but takes initiative to research new information and identify relevant sources to be relevant to changing healthcare systems before going to class. The participants said the following:

“... you need to be knowledgeable so that you can impart knowledge. So, you take it upon yourself to research because as people we would not know everything but you make it a point that what you need to impart to the students and not one hundred percent knowledgeable; you take it upon yourself to research and get accurate information on what you need to disseminate to the students.”

“... keeping abreast with the latest development, you go back and prepare more, search information from your colleagues, you even ask them the type of questions

students ask and from there those questions you also will learn from your mistakes and improve on your shortcomings. And you always make sure that you prepare yourself and you do your best and you improve later ...”

“... it is so nice to say to a person: I am, I don't know this thing, let me go back and read about it, I will come back tomorrow and tell you I'm not sure about it, unlike saying the thing that you are not sure of, because these students, some are very informed. So, it's very nice to say this one I don't know I'll come back to you tomorrow ...”

Van Rensburg and Botma (2015:2) assert that nurse educators need to practice self-directed learning by leading the way and generate innovative ways of obtaining new knowledge and skills to the benefit of nursing and midwifery practice. The authors warn that the inability of health professionals to keep abreast with new developments in their profession will ultimately impact negatively on the quality of nursing and midwifery care.

Davies, Kevan and Ormerod (2019:12) corroborate the participants' views by asserting that nurse educators ought to be eternal learners, who continuously learn about the subject or topic they teach, so that they are able to assimilate the content and convey it in an understandable manner to students. However, Davies et al (2019:12–13) suggest that educators ought to consider teaching students as an opportunity for a reciprocal process for their own learning, to identify students as co-learners, and to be ready to learn from the students by taking their suggestions and cues.

According to Killen (2010:37–39), educators should be resourceful and have a deep understanding of the subject they teach by continually seeking to improve their knowledge and understanding of the subjects and of teaching, learning and learners. Furthermore, Killen (2010:39) urges educators to have intellectual curiosity, that is, they should have questioning minds and be interested in seeking out more information before rushing to conclusions.

4.3.1.2.4 Subcategory 1.2.4: Being a reflective practitioner

The participants indicated that self-leadership entails constantly asking oneself if one is practicing or teaching relevantly in order to take steps to improve own performance.

The participants indicated the following, as quoted:

“I have to reflect on myself as a leader on whether I really lead, in other words look at myself and look at the way I do things, the way that I see things and look at it and reflect on it as to whether it is that of a leader. Where I lose it then I should do something about that ...”

“Reflection. Like I reflect a lot and then try to change or move step – what I had, if it was ..., it’s difficult but reflection, it works [...] you learn from reflection. What you have done, what you can do better next time? Maybe you tried to achieve something that you realise then that I actually did not achieve what I wanted to, so you need to restructure that ...”

According to the literature, engagement in reflective practice involves the internal appraisal of knowledge, which enables educators to reflect objectively on the beliefs that underpin their actions, to consider how these beliefs may impact on their behaviour, and to identify appropriate future actions to transform their practice (Main 2015:267–268). Educators who are reflective practitioners have the skills and dispositions to continually inquire into their own teaching practice, and into contexts in which their teaching is embedded, meaning that they are aware of the teaching decisions they make and of the consequences of those decisions (Killen 2010:110). According to Castelli (2016:219), reflective practice involves educators actively focusing on their own behaviours through truthful self-evaluation instead of the external environment, by assessing their strengths and weaknesses more accurately, resulting in attempts to make positive improvements and meaningful change.

4.3.1.3 Category 1.3: View of self-leadership in relation to students

Nurse educators perceived their self-leadership in relation to their responsibility towards students. The subcategories demonstrate that nurse educators viewed self-leadership as an obligation to maintain professional ethics and they relate to being responsible and accountable towards students.

4.3.1.3.1 *Subcategory 1.3.1: Responsible and accountable towards students*

Participants perceived self-leadership to be a professional obligation they have for students. The participants stated the following:

“... it gives me an idea of self-direction ... I carry along the responsibility and accountability ... to lead somebody to the future.”

“... I look at self-leadership as a part where as a person I get to have direction for what I need to do ...”

“... We are teaching them to become RNs who take responsibility whereby they are not always have to wait for somebody to say do this ...”

“... we must always be responsible, be accountable that will really help us ... as a leader there are those decisions that you take there and there regarding students ...”

“... When I am teaching content, and I see that that students do not understand me, it's a shortfall on my side, and I always ask myself what else can I do to make sure that they understand me especially if they fail my content ...”

Krautscheid's (2014:46) description of professional nursing accountability concurs with the participants' views. According to Krautscheid (2014:46), professional nursing accountability means taking responsibility for one's nursing judgments, actions, and omissions as they relate to lifelong learning, maintaining competency, and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one's nursing practice. For nurse educators this implies that they should be knowledgeable, use language associated with professional values and encourage values clarification exercises, and expose students to value-laden experiences to develop behaviours consistent with professional standards (Krautscheid 2014:45–46). However, educators should not only hold themselves accountable to students, but also to the education system, the curriculum and the set professional ethics. In turn, students are accountable for hard work, civil behaviour, and learning the taught material (Afdal & Afdal 2019:108, 117; Wormeli 2006:15).

4.3.1.4 *Category 1.4: View of self-leadership within the realms of the community*

Nurse educators perceived their self-leadership not only within the nursing education institution, but also perceived self-leadership as contributing to the development of the community. The subcategory in this category is community teacher.

4.3.1.4.1 *Subcategory 1.4.1: Community teacher*

Nurse educators perceived themselves as having a responsibility or role to empower their communities and learn from the community's experiences as well. The participants were quoted as follows:

"The other thing that I am thinking is you as a Nurse Educator, you have to engage yourself in the community that you are living with or all types of people that are surrounding you. And you have to research about their life or their needs, if I may say. Those are the objectives that you need to do as a Nurse Educator, because you are not only within the environment where you give, or you facilitate. Learning doesn't only take place in an institution like a university. It does happen even outside. The learning environment, which is university, at home, at the funeral, anywhere else."

"Going back to self-leadership, one of the biggest goals in my life is to make sure that those around me benefit from me and I think the starting point here would be empowerment. My biggest goal is number one to be actively involved in the communities, like leadership, but making sure that I empower other fellow women going out there talking to them, especially on issues which are of national importance; gender-based problems, etc."

"... you have to engage yourself in the community that you are living with or all types of people that are surrounding you ..."

The participants' views are backed up by Murrell Jnr. (2000:338–348), who asserts that educators are community teachers, who possess and work to build on their contextualised knowledge of culture, community, and cultural diversity of families as the core of their teaching practice. Murrell Jnr. (2000:338–348) further characterises community teachers as teachers who have high levels of accountability, see themselves as change agents,

view their work as that of transforming people, systems and society, promote social justice, and advocate for underserved communities.

Killen (2010:397) asserts that the educator needs to develop supportive relations with students' parents, as well as key persons and organisations, based on the critical understanding of community and environmental development issues. Killen (2010:397) further asserts that the educator should practise and promote a critical, committed and ethical attitude towards developing a sense of respect and responsibility towards others in the institution and society.

4.3.2 Theme 2: Engagement In self-leadership activities

In Theme 2, Engagement, under self-leadership activities, two categories emerged, namely engagement in personal activities; and engagement in work-related tasks. In these two categories, nurse educators described how they engaged in self-leadership activities in a nursing education institution context. Theme 2's categories and subcategories are indicated in Table 4.3 below:

Table 4.3 Theme 2: Engagement in self-leadership activities

Theme	Category	Subcategory
2 Engagement in self-leadership activities	2.1 Engagement in personal activities	2.1.1 Self-development 2.1.2 Self-reflection 2.1.3 Self-control
	2.2 Engagement in work-related tasks	2.2.1 Role modelling 2.2.2 Collaborating 2.2.3 Taking leadership role

4.3.2.1 Category 2.1: Engagement in personal activities

Nurse educators described the self-leadership activities that they engage in which lead to the individual's improved performance during the teaching and learning dynamics in nursing education institutions. The subcategories in this category are self-development; self-reflection and self-monitoring.

4.3.2.1.1 *Subcategory 2.1.1: Self-development*

Participants described their engagement in self-leadership as an internally driven process, whereby nurse educators took their own initiatives to up-skill themselves in order to improve their performances through attending workshops, courses, seminars and conferences, and not wait for the nursing education institution to develop them.

The participants expressed themselves as follows:

“... I get my motivation from knowledge. Like going to seminars. That makes you positive. Going to seminars, doing short courses and all of that, it keeps my mind-set positive and motivated and broadens it ...”

“I think as a nurse educator you may also attend courses which are relevant to the content that you are teaching so that you can develop ...”

“... I think I have to attend some workshops so that I got empowered to attend seminars for self-development, and to attend conferences so that I acquire skill knowledge internationally and locally conferences so that you get new skills from outsiders ...”

The definition of self-development by Buchel, as cited in Steyn and Van Niekerk (2012:247), supports the participants' views, namely that self-development is a process through which educators strive to become more effective in the way they manage their everyday lives, their relationships with others, their jobs, and their life in general in the areas of managerial, professional, and academic development.

Van Rensburg and Botma (2015:1) are in agreement with the participants' views when asserting that individual nurse educators have a responsibility to identify their own learning needs based on their interpretation of the current and future trends in their living and working environment. Van Rensburg and Botma (2015:1) further describe this internally-driven capability as self-directed learning, which is a person's acceptance towards one's responsibility for one's own learning and a readiness to engage in developmental processes. The benefit of nurse educators who are self-directed learners is that they would be able to support students to be self-directed learners improve their

professional conduct in the teaching and learning environment (Van Rensburg & Botma 2015:2).

4.3.2.1.2 Subcategory 2.1.2: Self-reflection

Self-reflection was described by participants as a way for nurse educators to reflect on their actions and evaluate whether their actions during teaching were still in line with their personal set values and goals on teaching, thus triggering or initiating a response to address a given disparity, and to improve their teaching practice.

The participants said the following:

“I have to reflect on myself as a leader on whether I really lead, in other words look at myself and look at the way I do things, the way that I see things and look at it and reflect on it as to whether it is that of a leader. Where I lose it, then I should do something about that ...”

“Reflection. Like I reflect a lot and then try to change or move step – what I had, if it was ..., it’s difficult but reflection, it works...you learn from reflection. What you have done, what you can do better next time. Maybe you tried to achieve something that you realise then that I actually did not achieve what I wanted to so you need to restructure that ...”

According to Horton-Deutsch, Young and Nelson (2010:488–489), as well as Miller (2012:n.p), self-reflection is a process of self-discovery and recognising one’s unique contributions, abilities, or lack of ability, and a means by which to gain insight into their actions, reflect on their own words and actions and to undertake a learning process through such reflection. Horton-Deutsch (2013:n.p) assert that when engaging in self-reflection, nurse educators are committing to the ongoing process of continual and sustained critical self-awareness and development. Thus, according to the author, a self-reflective nurse educator needs to be aware of their thinking in order to understand themselves, and to make informed and logical decisions when working with others. In turn, attending to the thoughts, feelings, and behaviours of others facilitates progress toward achieving professional and organisational goals.

4.3.2.1.3 *Subcategory 2.1.3: Self-control*

Participants described their engagement in self-leadership as the ability to monitor and control their feelings, thoughts and actions when interacting with others such as students and peers, which may affect the teaching-learning process.

The participants were quoted as follows:

“The other thing a nurse educator must be able to control his or her emotions...”

“... so, I must be controlled outside and even inside ... so if maybe student provoke me in class, I must not just throw temper tantrums ...”

"Most of the time when you try and teach, and they are making noise. So, you must be able to walk up to them to them and sometimes you can end up shouting at everyone and that is when the students will observe what kind of person you are".

“... you intimidate them in such a way that they will not even ask questions because 'madam today is not even smiling, she did not even greet us ...”

Gallant's (2013:164) study highlights the fact that strong emotions, such as jealousy, guilt, anger, or a deep sense of satisfaction, are an integral part of the educators' daily activities, and thus during their interactions with others in the teaching and learning process. The participants' views are also supported by literature such as that by De Boer, Van Hooft and Bakker (2015:406), as well as Guirguis (2015:94), who describe self-control as the ability to suppress impulsive thoughts or behaviour and resist the surrounding temptations and additional distractions by holding, updating, and manipulating both verbal and non-verbal information. Examples of self-control are when individuals regulate their thoughts, moods, and emotions, restrain undesirable impulses, resist temptations, break bad habits, keep good self-discipline, maintain motivation, and persist with their goals when difficulties arise (De Boer et al 2015:407).

4.3.2.2 *Category 2.2: Engagement in work-related tasks*

Nurse educators described the self-leadership activities in which they are engaged, which are expected of them at the institution. Engagement in these activities leads to improved

performance of the team and the nursing education institution. The subcategories are role modelling; collaborating and taking a leadership role.

4.3.2.2.1 Subcategory 2.2.1: Role modelling

Participants described their engagement in self-leadership through role modelling by demonstrating themselves as ideal characters and focal points who are representative of good behaviour, values and image of the nursing profession and as leaders who provide a positive outlook for their colleagues/peers and students to emulate.

The following are some of the participants' views:

"... The way you carry yourself, good role model, and ja, being focused and motivated, perseverance and ..."

"... Whatever that I do I should always be conscious that I am being looked upon by students as a role model ..."

"... I think we would need to start this process by empowering those teachers in classes and making those leaders realise what we are doing ..."

"... you must take yourself as a role model. Because when you are standing there – in nursing we believe in role modelling g... But if they get it from an educator who is also a leader on her own or on his own it is easy for also students to take it."

As self-leaders, nurse educators influence the development of students through the modelling of positive values, emotions, behaviours and self-development, which they often-times learn through observations of other educators. Thus, it is important that the credibility, prestige, and trustworthiness of the person being modelled, that is, the nurse educator, is valued by the student for attention and motivation to learn (Jack, Hamshire & Chambers 2017:4710–4713; Gardner et al 2005:358). The core behaviours nurse educators seek to model or exemplify are confidence, high moral standards, innovative problem-solving, commitment, and self-sacrifice, which may cascade across the institution's organisational levels.

Participants also viewed self-leadership as a practice that promotes the image of the nursing profession, through effective communication and demonstration of good conduct, as quoted:

“... I also want to achieve this and even the way you carry yourself. The way you carry yourself ...”

“... I must tell myself in the mirror that whatever thing I am living, can it give a good image to the, eh, students that I’m teaching ... I am going to the ward, I must be well dressed in such a way that I am in full uniform, so that I give them the image that a good person is like.”

“The conduct, how we conduct ourselves in front of our students. Because now other students come from other colleges. So, we need to display and teach them the good way of conducting themselves as nurses ...”

“... There are simple things ... the way you conduct yourself in front of students, the respect you have for your patients ...”

According to Buchel, cited in Steyn and Van Niekerk (2012:248), educators need to manage their professional image so that they can be able to achieve their personal work objectives. Steyn and Van Niekerk (2012:248) further assert that professional image entails attending to personal appearance (dress), posture, personal habits, manner of speaking, self-confidence, quality of work, and orderliness of the work environment.

The participants' description of expected nurse educators' professional image is corroborated by literature, which mention that effective communication and physical appearance, such as clean, ironed clothes or uniform, manicured natural nails and clean shoes, presenting a professional appearance, play a role in protecting the professional image and credibility of a nurse (Hood & Leddy 2006:8; Wills, Wilson, Woodcock, Abraham & Gillum 2018:38).

4.3.2.2.2 Subcategory 2.2.2: Collaborating

Participants described their engagement in self-leadership as a way of pulling together resources and ideas, working together collectively as a team with fellow nurse educators and other stakeholders to achieve success. The participants said the following:

"I think it would be wonderful if managers and peers could really understand the fact that we all come from different spheres. And I see that if you look at it in collaboration, we can bring our collective skills at the workplace and the leaders in each and every one can be developed, not for the good of only one person, but for the good of the nation as a whole."

"I remember when I started here, there was a particular part of content which students could not understand, and I went to an extent of visiting people in the medical profession and say to them tell me how to go about with this thing and that in itself assisted me in making it easier and easier, finding different ways of how to teach and also looking at other aspects when you review study guides ..."

"We sit down as a team and say guys maybe for the first years, these are the procedures that we need to do prior for them going to the hospitals."

"Even if someone is not there; other one is able to jump in and do what the other one was supposed to do ..."

Where it did not exist, the need for collaboration was expressed as a wish:

"I wish to work in an institution where there will be team meetings where the undergraduate programmes and the postgraduate programmes will meet together and discuss what the institution is all about. Sit in a meeting and discuss about the niche area of research in our institution. I wish I can work in that institution."

Manz (2015:141) corroborates the participants' views when asserting that choosing to collaborate with others on a task or project proves to be an intentional self-leadership strategy that improves personal effectiveness, because it fosters access to expertise, experience, support, and potential synergies, and thus helps to fill in for personal weaknesses beyond one's own limitations. In terms of examples of the collaborating tasks, Steyn and Van Niekerk (2012:64) affirm that educators share and compare

professional ideas for effective teaching and learning, such as meeting to discuss subject content, teaching methods, learning activities, and assessments. Collaboration may be inter-professional, inter-institutional or intra-institutional and it includes coming together to write a paper, evaluations of students or more complex relationships constructed around shared research facilities or teaching programmes (Rakhudu, Davhana-Maselesele & Useh 2016:1–2).

4.3.2.2.3 Subcategory 2.2.3: Taking a leadership role

Nurse educators described their engagement in self-leadership as an act of providing leadership or taking some roles of the designated or formal leaders, such as academic head of department and principal, when they were engaged elsewhere outside of the institution, while still execute the tasks successfully.

The participants said the following:

“... we do not have an H.O.D. so, somebody must take initiative on running smoothly of the college. So, we know – we are not even asked or reminded. We know what – you know what is expected of you as a coordinator for that month. That you must see to everything ...”

“In some progressive institutions, the leadership role of being in that office of the HOD is rotational. Today they give A, when... A will be working with the HOD, in the office for a certain period. Just showing A what is happening there ...”

“... You feel like if they say here is a post as a principal, you will do I because it is really empowering. You liaise with the hospitals, you liaise with the management, you take responsibility of everything that is supposed to be done at the college by the principal ...”

One of the competencies for nurse educators as outlined by the SANC (2014:4) is that they are expected to function as change agents and leaders. Patterson and Krouse (2015:78) note that the academic leader is not just about the person who holds a formal role in the institution, but somebody else, who might lead activities and be a leader without having the actual title. Furthermore, Patterson and Krouse (2015:76) assert that nurse educators must assume leadership roles at various levels of institutional governance, and

work collaboratively with other nurse educators to create a dynamic educational climate that demonstrates significant student learning outcomes, and which is responsive to the ever-changing regulations in the education environment. Jooste, Frantz, and Waggle (2018:701) propose shadowing as an effective approach, wherein aspiring future leaders are given the opportunity to improve their intrinsic leadership skills by perceiving first hand and appreciating the leadership skills of experienced leaders, which would prepare them when they take leadership positions. Matahela (2014:110, 242) affirms that in order to address concerns around the lack of preparation of nurse educators for leadership roles, nurse educators could be empowered and prepared for managerial positions by assigning them a task to deputise the academic head of department on a rotational basis every month. The nurse educators would, however, need to be mentored during that period, and they ought to be encouraged to keep a professional portfolio that can be used as evidence of managerial preparedness (Matahela 2014:110).

4.3.3 Theme 3: Motivational factors in self-leadership

In Theme 3: Motivational factors in self-leadership, the nurse educators described the internal and external factors that influence and affect their motivation to engage in self-leadership activities in a nursing education institution. There are two categories under this theme, namely motivating factors, and de-motivating factors. Theme 3's categories and subcategories are indicated in Table 4.4.

Table 4.4 Theme 3: Motivational factors in self-leadership

Theme	Category	Subcategory
3 Motivational factors in self-leadership	3.1 Motivating factors	3.1.1 Internal motivating factors
		3.1.2 External motivating factors
	3.2 De-motivating factors	3.2.1 Lack of incentives
		3.2.2 Lack of management support
		3.2.3 Lack of collegial/peer support

4.3.3.1 Category 3.1: Motivating factors

Participants described how they are motivated to practice self-leadership activities in a nursing education institution context. The subcategories associated with motivating factors are internal motivating factors and external motivating factors.

4.3.3.1.1 Subcategory 3.1.1: Internal motivating factors

The nurse educators described the factors that motivated them to practice self-leadership on a daily basis. They described feelings of satisfaction after engaging in certain activities, such as when they intervened to ensure that all their students succeeded in the course, without any expectation of any form of rewards from the institution. The participants also seemed to possess a positive inner drive or passion to achieve more success in their academic careers, as evidenced by their pursuit to do more. The deep interest in their own work propelled them to shape their academic career goals as indicated in the following quotations:

“I think on a daily basis, you have to talk to yourself and tell yourself to push harder ...”

“We are even willing as a team to even come on weekends to help our students. We even though again we don't have anything. But then we are mostly willing ...”

“I want to write a lot of articles, publish, and empower myself to an extent that I will be a scholar in issues of gender, and lastly, as a leader be able to be seen in the complete picture of the university, giving my inputs too.”

The participants' quest to succeed seemed to give them courage and strength to continue, even when they encountered setbacks, as quoted:

“I might maybe fail today, but tomorrow I should see to it that I improve on that ... that it is an ongoing process, eventually we will get there.”

“... you also will learn from your mistakes and improve on your short comings. And you always make sure that you prepare yourself and you do your best and you improve ...”

The participants' views above are in line with Deci and Ryan (2008:15), and Feist (2016:893), who assert that intrinsically motivated individuals are involved in undertaking a certain behaviour, because the activity itself is interesting and naturally satisfying, that is, because of the positive feelings resulting from the activity itself. The authors further

opine that intrinsically motivated educators are interested in what they do, follow their interest, curiosity, gut, explore fresh stimuli, work to master optimal challenges and intuition for important undiscovered topics.

The following are examples of internal motivators for nurse educators, which motivate them to practice self-leadership, as described by Blackmore and Kandiko (2011:404), which are, the love for open-ended problem-solving; wanting to be helpful; having a sense of making a difference such as seeing students develop; feeling satisfaction from interacting with students, feeling a sense of competence through increasing skill and knowledge; having opportunities for learning, and to use skills and knowledge; and having autonomy or self-determination. Other examples of intrinsic motivators are opportunities to link theory to practice, improving students' learning, opportunities to collaborate, the pleasure of teaching, and gaining knowledge (Gorozidis & Papaioannou 2014:2).

4.3.3.1.2 Subcategory 3.1.2: External motivating factors

The participants expressed their motivation to engage in self-leadership activities as being influenced by others within their professional cycles, such as their peers and students. The participants' views further indicate that the nursing education institution itself plays a role in motivating them to engage in self-leadership activities. The participants also felt a sense of purpose and efficiency when they observed students' achievement or success, as quoted below:

"There are people doing Master's, there are people doing their PhD, [indistinct] education. You come in and then being a novice educator and then you learn from others and they still continue to study. They don't say I have masters or if have this and that, I'm done. They still continue to study and then when you approach them you talk to them... because sometimes you think, ah, they get it easy, they just go study and pass. They don't tell you, no, it's hard work managing your time, having time with your family, you know, balancing life. Then from that, you are motivated. I also can do it. I can study, and then I can be where they are and sometimes if you say I want to be more than what they are."

"I want to write a lot of articles, publish, and empower myself to an extent that I will be a scholar in issues of gender and lastly as a leader be able to be seen in the complete picture of the university, giving my inputs too."

“So, it is a part of what we do – research – so that we can educate those who are going out there in the clinical field to work so that they have the necessary skill and knowledge to be called a qualified registered nurse.”

“I carry along the responsibility and accountability, not only of my work, but also to lead somebody to the future, and if I’ve got to lead somebody who is going to be an independent, responsible and accountable practitioner, I’ve got to lead by doing so ...”

“As a nurse educator you want to see yourself in the product that you are going to produce. I want to see myself in whatever I teach them in whatever information I am imparting them I want to see it, I want to see the new development so that I will be sure to say the apple that I am going to produce are quality products.”

Blackmore and Kandiko (2011:404) provide an explanation for the participants feeling motivated by peers when they assert that no matter how intrinsically motivated educators could be, “they are part of a community of colleagues, whose shared epistemologies and social practices strongly influence thinking and discourse in the field and whose approval confers high intellectual standing”. Thus, according to the author, it is the disciplinary community that places a value on the educators’ work by adopting or rejecting it. Likewise, educators receive a deep sense of gratification in the form of enjoyment and pride when they feel that they have taught successfully (Martínez-Sierra, Arellano-García, Hernández-Moreno, & Nava-Guzmán 2019:593).

According Deci and Ryan (2008:15), extrinsically motivated behaviours are those performed to obtain a tangible reward or to avoid a punishment, and being extrinsically motivated involves performing an activity with the intention of attaining some separable consequence, such as receiving a reward, avoiding guilt, or gaining approval. Thus, it does not occur as spontaneous behaviour. Other examples of external motivators are compliance with authority, and professional benefits (Goroizidis & Papaioannou 2014:2).

The participants’ views indicated that their extrinsic motivation or rewards may have led to their increased sense of self-worth or self-determination, which in turn enhanced their intrinsic motivation. According to Pederson (2002:460), intrinsic factors may not be independent of extrinsic factors, meaning that individuals may shift from intrinsic to

extrinsic motivations for a particular activity. This also means that engaging in an activity may have components of both intrinsic and extrinsic motivation. Thus, according to the author, any feedback that is viewed as supporting competence and skill is likely to facilitate intrinsic motivation.

Feist (2016:896–897) advises academics to balance extrinsic and intrinsic interests in their activities, and to find a way to “marry” their intrinsic interests with their extrinsic reward and impact. This could be achieved by engaging in academic activities that combine intrinsic joy, fascination, and interest, with extrinsic recognition and career advancement. Feist’s (2016:897) advice to academics involved in research is that they ought to explore and develop the riskier, more potentially transformative and creative lines of research at the same time that they develop the safer, more fundable ideas, leading to them being both intrinsically motivated, as well as recognised, appreciated, and rewarded engaging in research activities. This may mean that they stand the best chance of surviving, succeeding, and even becoming famous in the competitive world of academia.

4.3.3.2 *Category 3.2: De-motivating factors*

The participants described the factors that de-motivate them when they want to practice self-leadership, thereby negatively affecting their performance and success in a nursing education institution. The subcategories associated with de-motivating factors include a lack of incentives, lack of management, and collegial support.

4.3.3.2.1 *Subcategory 3.2.1: Lack of incentives*

The participants indicated that one of the factors that discouraged them from practicing or engaging in self-leadership was a lack of financial incentives or rewards. They viewed financial rewards as a source of motivation to teach. The incentives mentioned by the participants were mostly related to the performance appraisal system, feedback from supervisors showing appreciation, as well as the fringe benefits of contractual nurse educators. Lack of attention to these aspects was also viewed as contributing negatively to the nurse educators’ retention in the institutions.

The participants were quoted as follows:

“And if there are no incentives you will not be motivated. You will say no, I will go for greener pastures even though you don’t know if the grass is that green at that side. But you will always think of leaving.”

“As the self, you know, financial incentives is very important because it assists me with my daily living demand.”

“What about motivation for extra money ... You know, the principal can write a letter and say you know Ms. X has worked so hard. Just add a thousand rand ...”

“You know appraisal about “you have done enough” ... “we see you”, that is so important, because it goes even further. The money is going to be finished before I even go to that bank, but you know just “we see your efforts, what you are doing” is very important.”

“And then the other thing is that even the incentive ... I don’t know whether to say incentive or what. You know with the contract, you don’t have the same benefits as the permanent staff, and this also makes me to feel that I am of no value. I am only valuable for the first, maybe, few months when I’m still new, but towards the end, what will be the reason to stay? Because I’m not benefitting. My kids are not benefitting, I’m not benefitting, no scholarship and nothing. There are a lot of things that are evolving around the contractual employees.”

According to Deci, Olafsen and Ryan (2017:31), the need for financial incentives is driven by the need or urge to satisfy basic needs, emphasis on adherence to established norms at the institution, and monitoring of the employees behaviour. However, these examples are complete opposites of self-leadership interventions, because the emphasis is placed on intervention from external sources. Ryan and Deci (2000:41) caution institutions against using “pay for performance” as a primary motivation strategy for workers, as this undermines the workers’ intrinsic motivation and internalisation of values. In addition, Ryan and Deci (2000:41) advise institutions to allocate rewards in a way that will not lead to damaging of individuals’ intrinsic motivation, loyalty to the institution, and the fulfilment of high-quality performance. This is because rewards can result in extrinsic focus, which can produce short-term gains on targeted outcomes, and lead to negative spill-over effects on subsequent performance and work engagement (Deci et al 2017:20). Ryan and Deci (2000:33) assert that rewards that are offered to motivate the performance of individuals before the performance begins constitute those that are not negative or

detrimental to intrinsic motivation. Similarly, verbal rewards include positive feedback that enhances intrinsic motivation (Deci et al 2017:32).

4.3.3.2.2 Subcategory 3.2.2: Lack of management support

Lack of support from management was viewed as having a negative influence on the nurse educators' self-leadership. The support expected of management were related to facilitating an environment in the institution wherein the participants would feel recognised, respected, treated fairly and equally, and given guidance when delegated activities that were challenging in nature. The participants said:

"... Management not supporting you at all, making you feel frustrated on a daily basis. You want to do something about what you are feeling, but Management can make you feel so little that you can't move an inch. That can make you lose control. You can also lose control if you are over delegated. When given a lot of activities, being tested: 'because she has PhD, let us see how she will do this.'"

".... our leaders must give us the opportunity to learn. It would be nice to hear them say to me like she is my Principal tomorrow she won't be on duty she must just assign me: Tomorrow I won't be on duty can you please be responsible for all the activities that are supposed to take place at the college on a daily basis ... thus they are exposing me to this situation. Therefore, out of that mandate, there are a lot of things that I'm going to learn. Should I get an opportunity to be invited for interviews... where they want a principal, I know precisely my daily activities, but the management they do [their own] things, there is no transparency we just come to work, see the students, and all that they do is that PMDS."

"You know what is expected of you, but the practicality part of it you are not so clued up ... don't let a person say you are a vice principal, see to finish ..."

According to Blackmore and Kandiko (2011:401), bureaucratic and controlling systems cannot be supported as they antagonise the intrinsic motivation that stimulates educators. Similarly, an autocratic administration undermines educator motivation and performance (Stirling 2016:17). Moreover, such environments contribute to educators feeling disengaged and having a sense of meaninglessness, inducing stress, and burnout (Fouché, Rothmann & Van der Vyver 2017:3).

Literature confirms that leaders play an important role in establishing a non-threatening, supportive environment, which facilitates proactive behaviour, as well as self-initiated and future-oriented action. This support can be accomplished through showing support for the efforts of employees, encouraging their autonomy, and empowering them to take on more responsibility (Wu & Parker 2014:1026).

Janik and Rothmann (2015:3) indicate that a supportive supervisor shows concern for the needs and feelings of employees, encourages them to voice their concerns, assists them in developing new skills, helps them to solve work-related problems, and provides them with positive feedback. Thus, this kind of support will encourage the employee to remain interested in their work, and to enhance their autonomy, where such employees will feel safe to try new, creative ways of doing their work, and will discuss mistakes, which will in turn ensure a sense of meaningfulness of work amongst employees.

4.3.3.2.3 Subcategory 3.2.3: Lack of collegial/peer support

Lack of support by peers left participants feeling demotivated and emotionally drained to engage in teach and learning activities. The lack of support seemed to emanate from professional jealousy, leading to nurse educators working in isolation. The participants also talked about the prevalence of divisive groups or cliques within the institutions that undermined teamwork, as noted in the following statements:

“Lack of support from the peers, the people that you must work with you hand-in-hand, and they look at you and say, ‘we don’t have a PhD and she has PhD. She must do the work.’ And you are left alone in a situation where you don’t have support from both your management and peers. So, you lose control, you don’t know who you are. You start to become who you are not. You become irritable and you are hurt every day, you are sitting at your corner alone and crying every day. Now if you are exposed to a situation where you are sitting with people who are practicing ‘*pull-her-down syndrome*,’ you are in trouble, therefore you cannot remain positive when you go to class. You can imagine what type of a person will be in class, with less support. If you have less support, then it simply means you have less control of yourself, because there is no one who is listening to you ...”

"The first thing, peers can offer support by avoiding gossiping with the Management, because sometimes others become demoralised because they are being judged of what you didn't do. Because gossiping sometimes is not real, people just create things."

"There is no support at all, to an extent that even if you call a meeting you find yourself sitting in that meeting alone, because "she is not in our camp". So, there is that thing of 'who is working with who' in this institution. There is no support from, you know ... There is no teamwork, in other words. There is a serious isolation, there is no teamwork."

Bailey (2019:[9]) laments that instead of supporting each other, colleagues in academia spend time, talking bad about each other, gossiping and not advice or counsel on concrete aspects such as the syllabi and teaching. According to Bailey (2019:[7]), nurse educators, especially those recently employed, expect to be supported by their colleagues on matters such as appropriate strategies for dealing with difficult students, finding mentors, and being part of departmental meetings, where colleagues meet to discuss teaching and scholarly literature.

According to Fouché et al (2017:3), individuals' relationships with co-workers affect their experiences of meaningfulness, which are confirmed by their participation in desired relationships. When educators feel accepted by their colleagues, they feel that they belong, and this leads to them experiencing a significant feeling of meaningfulness at the institution. Thus, according to Fouché et al (2017:3), educators' caring and satisfying relationships with their peers leads to a sense of connectedness and improved performance.

4.3.4 Theme 4: Facilitation of self-leadership in nurse educators

In Theme 4, facilitation of self-leadership in nurse educators, the participants described how self-leadership in nurse educators could be facilitated in a nursing education institution. There are two categories under this theme, namely facilitation of self-leadership by the self, and facilitation of self-leadership by the institution, as illustrated in Table 4.5.

Table 4.5 Theme 4: Facilitation of self-leadership in nurse educators

Theme		Category	Subcategory
4	Facilitation of self-leadership in nurse educators	4.1 Facilitation of self-leadership by the self	4.1.1 Continuing professional development
		4.2 Facilitation of self-leadership by the institution	4.2.1 Mentoring 4.2.2 Succession planning 4.2.3 Management support

4.3.4.1 Category 4.1: Facilitation of self-leadership by the self

The participants suggested that the self-leadership in nurse educators could be facilitated by the individuals themselves. The subcategory associated with facilitation of self-leadership by the self is continuing professional development.

4.3.4.1.1 Subcategory 4.1.1: Continuing professional development

The participants described continuing professional development as an intervention that would motivate them to engage in self-leadership. This view seemed to emanate from the participants' understanding that continuing professional development is a self-developmental initiative that requires more effort from the individual nurse educator rather than the institution within which they work. Participants also stated examples of courses and initiatives that individuals could attend that stimulate one's self-leadership as supported in the following quotations:

"If maybe you are not up to date with the content, you should see to it that you always attend in-service trainings because they are there, the college should always see to it that we get good development as lecturers ... all that, by so doing we are always updating ourselves."

"I think as a nurse educator, you may also attend courses which are relevant to the content that you are teaching so that you can develop."

"I think I have to attend some workshops so that I got empowered to attend seminars for self-development and to attend conferences so that I acquire skill knowledge internationally and locally conferences so that you get new skills from outsiders."

"I have done, a few years ago, life dynamics training, it is a formal course in self-development and that is really, for me, the point that I wish that every adult could follow to really look at yourself, give self-awareness about your weak points and your strong points, so that when that voice starts talking inside, you can see it as a voice and not as the reality. And because I think a lot of educators also are – you are scared in the class or worried or whatever, and if you can address that consistent "I'm not going enough", then you can address it and work with it. Like, "I'm not good enough, I will not do my PhD", you say okay, I'm going to eat this elephant one piece at the time and see where it goes ..."

"I think the internet is very powerful. So that if you have like a problem in the class, how to manage a big class, how to promote discipline with a difficult student. You can do personal development by yourself on the internet, read articles and journals and books, textbooks. So I think there's a lot of knowledge out there that can really help you to grow and become better self-leaders."

The South African healthcare system is currently undergoing reforms, and nurse educators play a pivotal role in the preparation of student nurses for their roles in the implementation of these reforms (Blaauw et al 2014:n.p.). Nurse educators are expected to constantly update their knowledge and skills in their specialty areas, or taught content to ensure continued learning and competence that keeps up with demands of society health challenges.

Furthermore, nurse educators have a professional obligation, not only to themselves but also to their clients, regulatory boards, places of employment, and society to ensure that they are competent in their practice. It therefore makes sense that the participants would identify continuing professional development as an intervention that would facilitate their self-leadership. Reddy (2014:80) opines that educators have a role in ensuring continuing competence in their job by exploring, reflecting on, and developing their own teaching practice, keep updated about new trends, breaking out of intellectual isolation, and sharing their experiences and insights with others.

Bolam, as cited in Reddy (2014:80), described continuing professional development as professional development activities engaged in by educators, which enhances their knowledge and skills, and enables them to consider their attitudes and approaches to teaching and learning with a view to improve the quality of the teaching and learning

process. Continuing professional development activities benefit educators, through development of professional abilities; improved understanding of recent educational developments; encourages teacher's self-reflection and self-evaluation; and brings a change in attitudes while dealing with students and colleagues (Reddy 2014:81).

McMillan, McConnell and O'Sullivan's (2016:164) study on continuing professional development of teachers revealed that the intrinsic or personal factors such as career advancement, potential growth, and achievement were key in motivating teachers to engage in continuing professional development. Thus, it is imperative that the development of nurse educator continuing professional development policies be based on careful consideration of their motivational factors, and upon close listening to the nurse educators themselves, so that engagement in continuing professional development can lead to changed classroom practice and student learning outcomes (McMillan et al 2016:165).

4.3.4.2 Category 4.2: Facilitation of self-leadership by the institution

The participants suggested that the self-leadership in nurse educators could also be facilitated by the organisation or institution within which they worked. The subcategories associated with facilitation of self-leadership by the institution are mentoring; succession planning; and management support.

4.3.4.2.1 Subcategory 4.2.1: Mentoring

The participants felt that their self-leadership could be facilitated through mentorship by experienced nurse educators and leaders within the institutions. They described mentorship as a missing strategy at the institutions, and as something that they had to demand at times, as they yearned for this direct guidance especially for newly employed nurse educators.

"I think we need to be mentored, because I went to a workshop the other day, and I realised that the missing link for us young nurses is that – or educators, we don't have that direct guidance. So, I would say if we had mentors, and then that would further develop us."

“... Simply support each other, fortunately for me, when I came in here, I was really taught. I don't have to even demand it, I was held by hand ...”

“... I believe that we would really like to see role models that will also guide us to be ... bring out the best in us ...”

“... for example, you are being appointed as a vice principal of the college, and you are stuck with a lot of things, you know what is expected of you, but the practicality part of it, you are not so clued up, don't let a person say you are a vice principal see to finish, you need to demand mentorship, just say: ‘can I please have some someone to put me on board for at least three months then I will take it from there.’”

According to Nowell, Norris, Mrklas and White (2017:528,532), mentorship in nursing academia constitutes the creation of an environment that provides structured guidance aimed at supporting new nurse educators. Identified mentors guide mentees about how to perform job-required tasks, and in turn, mentees develop the skills of an effective educator including teaching, service and scholarship. Nowell et al (2017:538) further assert that mentoring leads to mentee having increased psychological empowerment, career satisfaction, self-confidence, and motivational feelings of personal growth, self-awareness, reciprocal learning, and self-reflection about one's own educational practices.

However, according to Carr et al (2015:4), nurse educators who do not have the typical mentoring relationship can be proactive, and opt for self-mentoring. Self-mentoring refers to when an individual is willing to initiate and accept responsibility for self-development by devoting time to navigate within the culture of the environment, in order to make the most of the opportunity to strengthen competencies needed to enhance job performance and career progression through four stages, namely: self-awareness, self-development, self-reflection, and self-monitoring (Carr et al 2015:4; Carr 2014:1759). The following are examples of self-mentoring: developing and using own resource finding strategies, self-tutoring strategies, listening and clarifying, reading and researching, and observing people. Thus, according to Carr et al (2015:4), self-mentors accept responsibility for their personal and professional growth through the identification and development of their individual skills, and aligning with internal and external resources to meet expectations using social and professional networking when necessary.

4.3.4.2.2 Subcategory 4.2.2: Succession planning

The participants described the practice of succession planning in the institution as a strategy that would empower them to be self-leaders who would be able to lead the institution in the future. The participants stated the following:

“The succession plan should be there so that when leaders leave positions I should be prepared as somebody who is also a leader to be able to lead the institution ...”

“... our leaders they must give us the opportunity to learn. It will be nice to say to me like she is my Principal tomorrow, she won't be on duty she must just assign me: ‘Tomorrow I won't be on duty can you please be responsible for all the activities that are supposed to take place at the college on a daily basis’. Thus, they are exposing me to this situation ...”

“... when will management practice a succession plan ... By succession planning, I mean that the least junior personnel in the institution must also be given the opportunity of leading the institution ...”

Succession planning is defined as any effort designed to ensure the continued effective performance of an organisation, division, department, or work group by providing for the development, replacement, and strategic application of key people over time (Rothwell 2010:6). Succession planning is a proactive, deliberate, and systematic effort by an organisation to ensure leadership readiness and continuity in key positions, to retain and develop intellectual and knowledge capital for the future, and thus building a high-performance, high-involvement work environment that in turn encourages individual career advancement (Hardy 2004:41–42).

Literature concurs with the participants views on succession planning being a tool that facilitates self-leadership, because succession planning offers stimulating, growth-oriented, satisfying and worthwhile professional prospects; raises production and output and helps to circumvent loss of efficiency; encourages development of extraordinary achievers; and secures the engagement of talented members of staff (Jooste, Ahanonu, Arunachallam, Rashe, Julie, Willemse, Bimray & Essa 2015:10). Thus, in order to facilitate self-leadership through succession planning, the nursing education institution should identify nurse educators who have the ability to move to senior roles and begin

training them immediately, so that they are ready for new opportunities within the institution (Hardy 2004:42). The succession planning at the institution should be a strategically planned and structured process, so that young, talented and potential successors can be identified and prepared through training and development to acquire skills, insights, and attitudes to manage other nurse educators in the future (Matahela 2014:109). Such training should ease the transition from the current job of being a nurse educator to one with more responsibilities, such as head of department, principal or dean, and to assist in retaining staff with the potential to be managers. Hardy (2004:42), however, cautions that as self-leaders, nurse educators ought not to wait for succession planning, or to be in higher positions to initiate change, but instead, they should endeavour to improve their performance within their own spheres of control.

4.3.4.2.3 Subcategory 4.2.3: Management support

The participants indicated that their self-leadership could be facilitated by management support in recognition of achievement of goals, and when nurse educators went through difficult times, as explained:

“Even if it is not something, just to say we are aware you have been doing and we recognise and appreciation your work.”

“And, if maybe it can be the Management support. If maybe I’ve got a problem, I tell my senior. I don’t expect somebody to talk over that thing over a cup of tea or in the parking lot. If they were supportive emotionally, psychologically; we can be stable at work. Because sometimes if you are having some problems, you feel like if I can be absent, because you will be a laughing stock of the Department ...”

Supportive management was described by the participants as when managers ensured that that there were adequate resources for teaching and learning in the nursing education institution:

“And I also think as well to have the necessary equipment that will equip you to be able to do whatever task that you want to do. Not if you want to accompany the students and you are unable, because there are other things that are lacking.”

“Maybe you are in the simulation laboratory and you don’t have the necessary tools that you want to demonstrate to them.”

Supportive leaders have the ability to foster open communication environment at interpersonal level whereby they encourage subordinates to come forward with concerns or seek guidance and thus making subordinates to feel valued (Woods 2007:66–67). Managers need to display friendliness and approachability in order to help colleagues solve work-related problems, thus providing the psychological support needed to cope with complex job demands. This support has a positive impact on work effort and commitment amongst nurse educators (Adewale & Ghavifekr 2019:119).

Rafferty and Griffin (2006:39) describe a supportive leader as one who provides emotional, informational, and appraisal support to followers. Emotional support involves the provision of sympathy, evidence of liking, caring, and listening. It occurs when leaders express concern for, and take account of, followers’ needs and preferences when making decisions. Supportive academic leaders are effective communicators; champions of institutional missions; and responsible stewards of resources (Gonzalez & Sutton 2013:6). Thus, in order to facilitate self-leadership in nurse educators, supportive academic leaders create the interpersonal, institutional, and financial conditions for nurse educators to become creators and transmitters of knowledge.

The participants viewed a participative leadership style as supportive, and as one that would facilitate their self-leadership through involvement in decision-making, as quoted:

“Participatory style of leadership where everybody is very important in the institution. Participatory – planning issues together, knowing what is happening. Giving everybody a chance to echo in the meeting that everybody must participate equally, and not only two people will take decisions over the lives of other employees in the institution without them being engaged at any given platform.”

“That is part of participative. And with decision-making again, even though the principal even though if she could be here, okay let us say she is here, and there is a decision that is supposed to be taken. She doesn’t take it alone, we take it as a team. But she will have the final say. But she will firstly, discuss it with us. We are all expected to participate.”

“Give us time to give inputs, don’t underestimate our potential.”

According to Adewale and Ghavifekr (2019:122–124), the leadership style of the designated leader plays an important role in motivating subordinates to achieve high goals. In line with the participants' views, Stirling (2016:18) purports that academic managers and policy makers need to create non-threatening environments and systems that support meaningful growth and learning experiences for educators by, for example, developing educational policies that encourage shared leadership, which leads to mutual ownership of the educational culture, supporting autonomy, competence, and relatedness within the academic system. Northouse, cited in Woods (2007:67) assert that when using a participative leadership style, leaders invite subordinates to share decision-making, consult with subordinates, obtain their ideas and opinions, and integrate their suggestions into the decisions regarding how the group or organisation will proceed.

Thus, for managers to facilitate self-leadership in nurse educators, they need to ensure that individual educators understand the worth and purpose of their jobs, feel ownership and autonomy in carrying them out, and receive clear feedback and support. This will ensure that nurse educators become motivated when carrying out tasks and perform them consistently, learn better, and be better adjusted in their positions (Deci et al 2017:20).

4.4 SUMMARY

This chapter analysed, presented and discussed the qualitative data of the study (Phase 1, subphase 2), which reflected on the nurse educators' perception of their self-leadership, and on how self-leadership could be facilitated in a nursing education institution. A literature control was done, which indicated how the related literature supported or refuted the findings. It was found that nurse educators mirrored themselves as leaders in-action, and are aware of the importance of their engagement in self-leadership activities to teaching and learning. The facilitation of the self-leadership within nurse educators is the responsibility of the individual nurse educators, and to a certain extent their peers, as well as the institutional management. The next chapter discusses the integration of Phase 1 findings and the additional literature relevant to the self-leadership in nurse educators.

CHAPTER 5

INTEGRATION OF PHASE 1 FINDINGS AND FURTHER LITERATURE REVIEW

5.1 INTRODUCTION

This chapter addresses the integration of findings from integrative literature review (Phase 1, subphase 1) and qualitative phase (Phase 1, subphase 2), by discussing the themes that emerged from the two subphases. Additional literature review was conducted on the phenomenon *self-leadership in nurse educators*, guided by the themes that emerged from the two subphases. The additional literature also assisted in the design an instrument that was used in the second phase (Phase 2) of the study.

5.2 INTEGRATION OF THE FINDINGS RELATED TO THE THEMES FROM THE INTEGRATIVE LITERATURE REVIEW AND THE QUALITATIVE SUBPHASES

In order to fully understand the self-leadership in nurse educators in a nursing education institution context, data from the integrative literature review and the qualitative phase were integrated. This sub-section discusses the integration of the findings related to the themes from the integrative literature review and the qualitative subphases. Figure 5.1 below is a schematic representation of the process leading to the integration of themes from integrative literature review and the qualitative subphases, as well as the consequent stages.

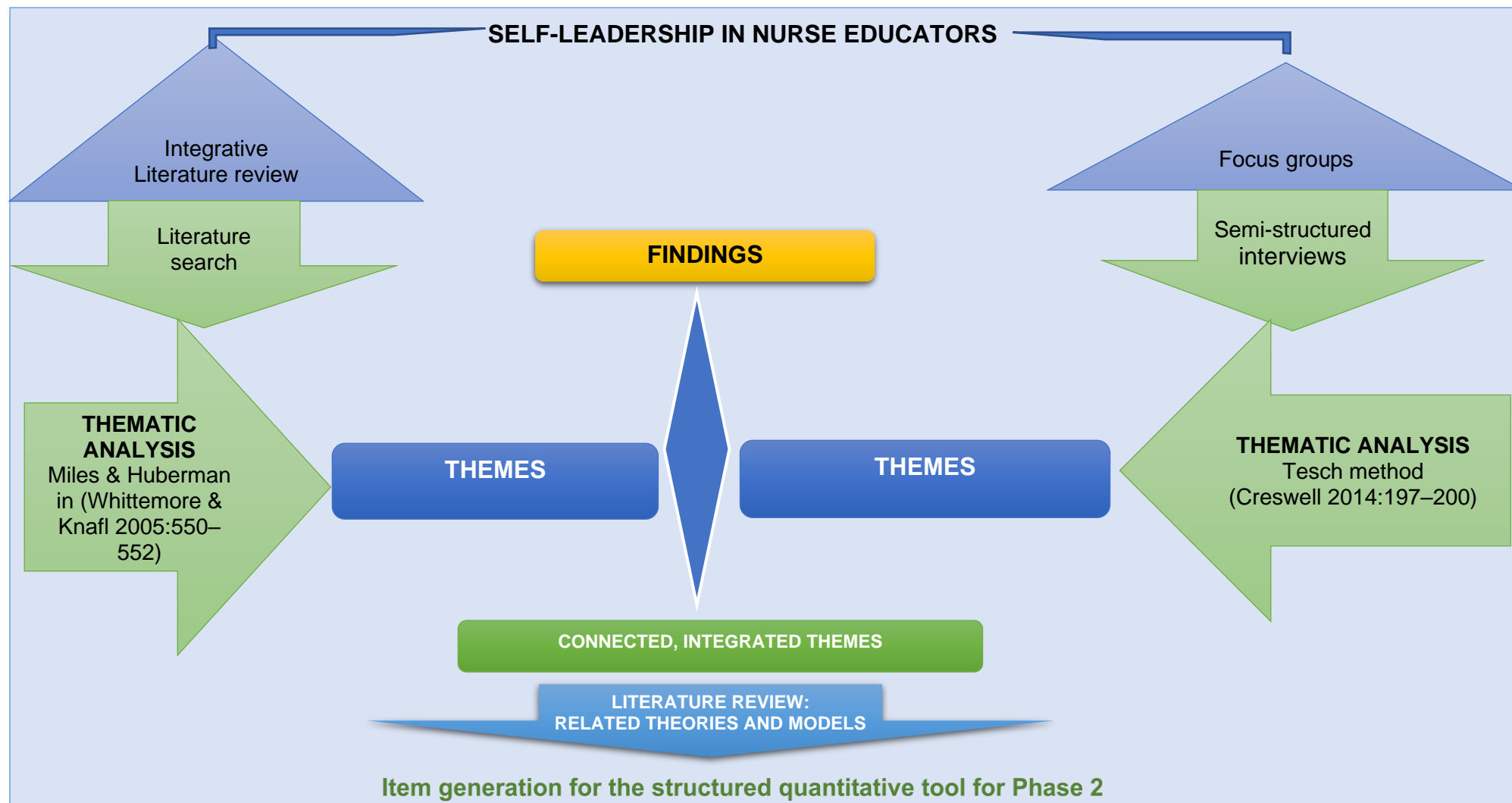


Figure 5.1 Schematic representation of the process leading to the integration of the themes that emerged from integrative literature review and the qualitative phase

Table 5.1 below illustrates the themes of the integrative literature review and the qualitative phase. Prior to this process, the themes, categories and subcategories that emerged from each sample were analysed and discussed separately, supported by literature control in Phase 1 as described in Chapters 3 (integrative literature review) and Chapter 4 (the qualitative phase).

Table 5.1 Themes from the integrative literature and the qualitative subphases

	Integrative Literature Review (Phase 1, subphase 1)			Qualitative Phase (Phase 1, subphase 2)		
Research objective	To explore and describe the meaning of the concept self-leadership within a nursing education institution context through an integrative literature review			To explore and describe the perceptions of nurse educators with regard to their self-leadership and how this can be facilitated in a nursing education institution		
Population	Published data (empirical and theoretical studies) on self-leadership in educators, published in the English language from 2000 to 2018			Nurse educators teaching in Gauteng and KwaZulu-Natal nursing schools, nursing colleges and universities		
Data analysis	Miles and Huberman in (Whittemore & Knafl 2005:550–552)			Tesch's protocol (Creswell 2014:197–200)		
Findings	Theme	Category	Subcategory	Theme	Category	Subcategory
	1 Self-leadership benefits	1.1 Individual	1.1.1 Innovative and creative behaviours 1.1.2 Self-awareness 1.1.3 Self-mentoring	1 Perception of self-leadership in nurse educators	1.1 View of self-leadership through mirroring the self (personal factors)	1.1.1 Being in possession of self-discipline 1.1.2 Being a visionary leader 1.1.3 Being a goal setter 1.1.4 Being a role model 1.1.5 Being a self-motivator 1.1.6 Being in possession of intra and interpersonal skills
		1.2 Effective team and institution			1.2 View of self-leadership as related to knowledge	1.2.1 Being an initiator 1.2.2 Being organised 1.2.3 Being a knowledge-seeker 1.2.4 Being a reflective practitioner
	2 Lack of self-leadership awareness	2.1 Lack of self-leadership skills among educators			1.3 View of self-leadership in relation to students	1.3.1 Responsible and accountable towards students
		2.2 Obstacles of self-leadership	2.2.1 Rigid bureaucratic systems 2.2.2 Autocratic leadership		1.4 View of self-leadership within the realms of the community	1.4.1 Community teacher
	3 Self-leadership facilitative factors	3.1 Leadership of designated leaders	3.1.1 Transformational leadership 3.1.2 Shared leadership 3.1.3 Collaborative leadership 3.1.4 Role modelling	2 Engagement in self-leadership activities	2.1 Engagement in personal activities	2.1.1 Self-development 2.1.2 Self-reflection 2.1.3 Self-control
		3.2 Professional development of educators	3.2.1 Training in transformational behaviours 3.2.2 Training in self-leadership strategies		2.2 Engagement in work-related tasks	2.2.1 Role modelling 2.2.2 Collaborating 2.2.3 Taking leadership role
				3 Motivational factors in self-leadership	3.1 Motivating factors	3.1.1 Internal motivating factors 3.1.2 External motivating factors
					3.2 De-motivating factors	3.2.1 Lack of incentives 3.2.2 Lack of management support 3.2.3 Lack of collegial/peer support
				4 Facilitation of self-leadership in nurse educators	4.1 Facilitation of self-leadership by the self	4.1.1 Continuing professional development
					4.2 Facilitation of self-leadership by the institution	4.2.1 Mentoring 4.2.2 Succession planning 4.2.3 Management support

The themes displayed in Table 5.1 above were integrated through merging of the methods of data collection and analysis (Fetters, Curry & Creswell 2013:2139–2140). During the merging, the two databases of themes were brought together for analysis and for comparison. As a result, findings of the participants of integrative literature review (data) against those of the qualitative phase (nurse educators) were compared, contrasted and interpreted through discussion resulting in a new set of integrated themes as illustrated in Figure 5.2 below. During the integration of the data, the meaning of self-leadership within nurse educators in a nursing education institution was compared with the perceptions of nurse educators on their self-leadership experiences; in order to obtain better understanding of each sample's view regarding self-leadership in nurse educators.

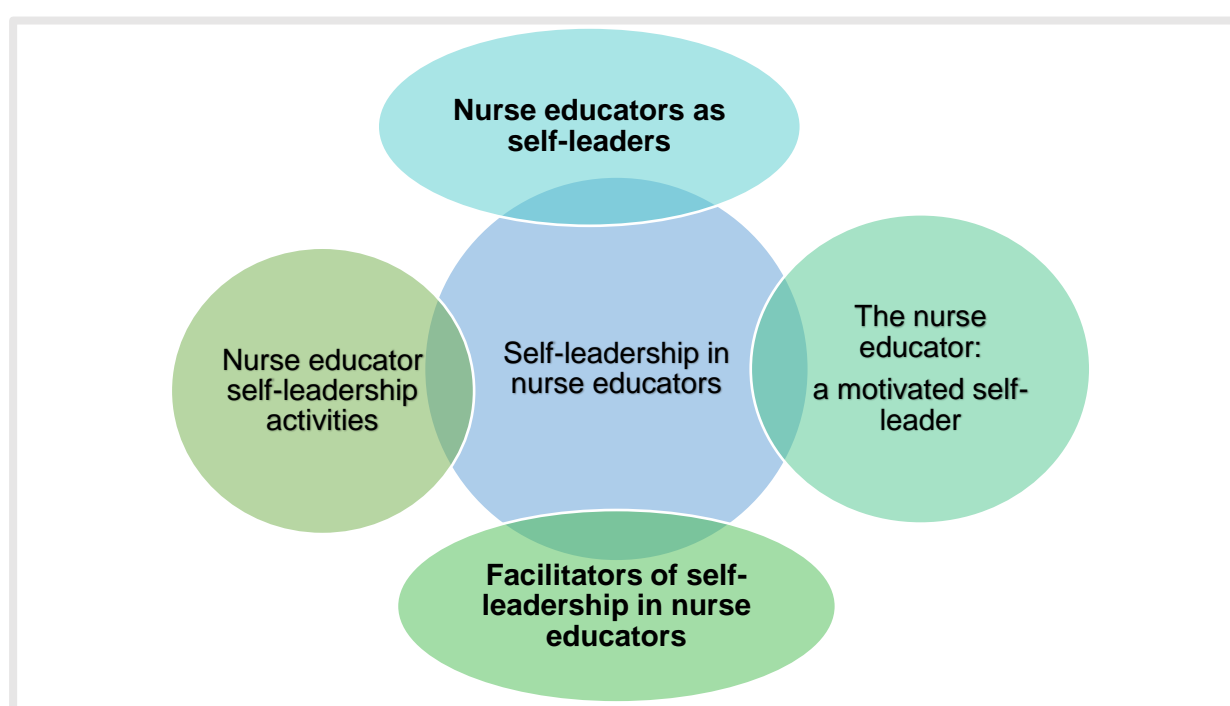


Figure 5.2 Themes emerging from the integrated data from the integrative literature review and the qualitative subphases

5.2.1 Theme 1: Nurse educators as self-leaders

In the qualitative subphase of the study, the nurse educators perceived self-leadership as mirroring the self, which is, being consciously aware of their own characters, strengths and weaknesses, values, motivations, beliefs and feelings or emotions. In mirroring the “selves”, nurse educators described their self-leadership as those practices adopted by those whom they admired, such as those they considered role models. In this regard, nurse educators perceived self-leadership as being in possession of self-discipline; being

a visionary leader; being a goal setter; being a role model; being a self-motivator; and being in possession of intra- and interpersonal skills. The nurse educators also perceived their self-leadership as related to knowledge, such as being an initiator; being organised; being a knowledge-seeker and being a reflective practitioner. Educators who are self-leaders do not despair when feeling isolated and frustrated by the challenges they face in teaching, instead they motivate themselves to develop strategies and create initiatives to master the art of teaching (McDermid, Peters, Daly & Jackson 2016:33). Being self-motivated means that the nurse educator recognises that more effort is necessary to achieve a goal, and that achieving a goal requires initiating a goal-directed process that involves unfamiliar or untried actions that require the individuals to move outside their comfort zones (Ross 2014:311).

Nurse educators also viewed their self-leadership in relation to their responsibility towards students, and as such, an obligation to maintain professional ethics, which means being responsible and accountable towards students. According to Fry, Ketteridge and Marshall (2008:476), it is through active and purposeful self-reflection towards refinement of thoughts and behaviours that educators can realise the level of accountability they have towards students' teaching and learning in preparation for students for rapidly changing and globalising workplaces.

The nurse educators' perceptions of their own self-leadership were not solely confined within the nursing education institutions within which they worked, but they also perceived themselves as community teachers who are relevant, responsive and contribute in the development of the community in which they lived. An example of this is when nurse educators utilise their wisdom attained through experience, education, and reflection to mobilise resources in an effort to respond to health emergencies or catastrophes so that the health needs of the community are met such as in times of natural disasters (Barker, Bell, Zhao & Dyess 2018:177). Such initiatives are a demonstration of nurse educator innovation, caring, resilience, and leadership efforts to students and the community (Barker et al 2018:178).

On the other hand, the data generated from the integrative literature review indicated that self-leadership had benefits for individual educators such as innovative and creative behaviours, self-awareness, and self-mentoring. With regard to innovative and creative behaviours, self-leadership was found to be an important role player in the stimulation of

these behaviours amongst educators. As a result, a work environment that supports innovativeness, risk-taking and proactivity encourages workers with self-leadership skills to display innovative behaviour (Kör 2016:12). With regard to self-mentoring as a benefit of self-leadership engagement, literature suggests that this is because self-mentoring combines elements of coaching, mentoring, and self-leadership into a comprehensive system for employee self-guided development and reflection, and completes a systematic organisational development, meaning that the whole nursing education institution will benefit from a complete organisational system of self-improvement (Holmes & Carr 2017:5).

The integrative literature review also revealed that individuals who engaged in self-leadership had high level of self-awareness, which in turn assisted them to prepare themselves for situations wherein there were high levels of interpersonal conflict (Kör 2016:7, 11). It was also indicated that self-leading educators positively identified with the institution and tended to think creatively, and shared their ideas with top management and other educators, which in turn improved the students' performance. Thus, self-leadership is beneficial not only for individuals, but it also for educator teams and the institution as a whole.

5.2.2 Theme 2: Nurse educator self-leadership activities

In the qualitative subphase, nurse educators described how they engaged in self-leadership activities in a nursing education institution context. Nurse educators described the self-leadership activities that they engage in which lead to the individual's improved performance during the teaching and learning dynamics in nursing education institutions. These were categorised under self-development; self-reflection and self-monitoring. Self-development and intrinsic motivation keep a leader focused on his core values, purpose and direction, and in turn role-model growth that is visible and motivating to others (Thompson & Miller 2018:94).

The nurse educators also described their engagement in self-leadership activities in activities that were expected of them at the institution, which lead to improved performance of the team and the nursing education institution. They were expected to engage in role-modelling; teamwork; and taking leadership roles without having to wait for the designated leader to be present to perform. According to Schlichting (2013:n.p.),

one of the best ways that shows readiness for a leadership role is taking on small management opportunities, such as stepping in when the manager is away and continuing with projects; this in turn builds one's management skills, and being viewed as a team leader. Thus, the nursing education institution should invest in developing leadership potential amongst nurse educators and be flexible to allow leadership roles and responsibilities to be widely shared beyond the designated leaders.

In contrast, the integrative literature review revealed that there was lack of self-leadership awareness amongst the educators and the leadership of institutions. An example of this lack of awareness of self-leadership pertained to lack of understanding that educators' thought processes contributed to leadership. Rigid bureaucratic systems and autocratic leadership styles were identified as some of the barriers that contribute to lack of self-leadership amongst educators and restrict academics from leading. A corporate approach to leadership and management of academic institutions was also described as having the potential to erode self-leadership in educators. According to Bharwani, Kline, Patterson and Craighead (2017:26), educational institutions have the potential to be highly bureaucratic organisations, which promote silos attitudes, that is, actions wherein information or knowledge in different departments within an institution are not shared. These organisations are barriers to self-awareness, critical thinking and innovation, and as such, nursing education institution managers need to take initiatives aimed at transforming these institutions to flatter team-based organisations with effective departments. Thus, ineffective management and leadership styles have a negative influence on nurse educator engagement in self-leadership activities in a nursing education institution.

5.2.3 Theme 3: The nurse educator as a motivated self-leader

In the qualitative subphase, nurse educators described the internal and external factors that influenced and affected their motivation to engage in self-leadership activities, in other words, there were motivating factors and de-motivating factors affecting nurse educator engagement in self-leadership.

In terms of internal motivating factors, nurse educators described deep feelings of satisfaction after engaging in activities that interested them, without any expectation of any form of rewards from the institution. The participants however, also expressed that

their motivation to engage in self-leadership activities was influenced by others within their professional circles, such as their peers and students. According to Jooste and Frantz (2017:201), leaders cannot exist in isolation, and as such, effective interpersonal relationships with peers, as well as peer support, provides opportunities for nurse educators to develop teamwork that could enhance the quality of services rendered in the academic setting. The nurse educators' views further indicate that the nursing education institution itself plays a role in motivating them to engage in self-leadership activities. Fouché et al (2017:1, 8) and Stirling (2016:1) assert that an environment that enables educators to feel motivated to reach their goals and meaning is one where they are respected, where there are minimal bureaucratic hassles and administrative interferences, and one in which the educators' basic psychological needs for autonomy, competence, and relatedness with others are provided.

The factors that de-motivated nurse educators when they wanted to practice self-leadership, and consequently affecting their performance negatively, were a lack of incentives; lack of management; and collegial or peer support. According to McDermid et al (2016:31), supportive collegial relationships provide personal and professional support amongst nurse educators and lead to enhanced understanding of role expectations, career-related issues, and relationships within the institution, which in turn improves the self-confidence of the educators. Thus, a trusting, collaborative relationship provides a supportive environment that mediates the negative effects brought about by the stress that may come along with the academic environment.

Although the data analysis in the integrative literature review did not yield any data on motivation, the reviewed literature indicated that there are two natural reward strategies that can be used by educators to demonstrate self-leadership in an educational setting, namely, building intrinsic motivations through creating enjoyable work activities; and focusing on intrinsic motivators through performing a pleasurable job feature. In an educational setting, educators are intrinsically motivated when they engage in activities for their inherent pleasure and satisfaction; because those activities are interesting and challenging or out of curiosity to explore a new stimulus (Goroizidis & Papaioannou 2014:6).

Thus, nurse educator motivation, whether internal or external, is central in the engagement of self-leadership and the performance of the individual educators and

therefore diligent attention should be paid to eliminate the demotivating factors within the nursing education institution.

5.2.4 Theme 4: Facilitators of self-leadership in nurse educators

In the qualitative subphase, the nurse educators indicated that they were responsible for the facilitation of their own self-leadership through initiatives such as continuing professional development. The nurse educators also indicated that the nursing education institution has a role in the facilitation of nurse educator through strategies such as mentoring; succession planning and management support.

The integrative literature review, on the other hand, indicated that individuals need not wait to be mentored, and instead should engage in self-mentoring, which is an act of leading oneself in an unknown work environment through resource finding, self-tutoring, listening and clarifying, reading and researching and observing people in order to develop own skills to meet workplace expectations. Holmes and Carr (2017:5) describe self-mentoring as a comprehensive system whereby employees self-initiate and lead themselves by engaging in a systematic organisational development and learning programme consisting of corporate training, executive coaching, and employee mentoring, in order to improve their core competencies needed to enhance job performance and career progression.

Other factors that were found to facilitate self-leadership in educators were the leadership of designated leaders such as transformational leadership, shared leadership, collaborative leadership, and role modelling. The transformational leader serves as a role model, demonstrates an ability to motivate, inspire, and stimulate followers to be creative and innovative, and shows genuine concern for each individual. They challenge the way followers think so as to enable them to be more creative in their problem-solving (Eckhaus 2017:19). Giddens (2017:2) asserts that transformational leaders are charismatic individuals who role-model and exhibit the desired behaviours such as high moral standards, ethical behaviour, commitment, and passion. They use idealised influence and inspirational motivation to build confidence, trust, admiration, respect, pride, and optimism among followers in order to foster alignment around those shared goals that support and strengthen shared governance in an academic community (Giddens 2017:2). According to Stewart et al (2019:52), leaders are essential to helping individuals and teams exercise

self-leadership through explicitly providing resources and information that help the team manage and make decisions internally; recognising and providing rewards for self-leadership behaviours.

Self-leadership could be facilitated through training programmes or professional development of educators, namely: training in transformational behaviours and self-leadership strategies. These trainings instil self-confidence, self-awareness, resilience, willingness to take risks, and possession of social and emotional intelligence (Giddens 2017:4). Thus, nursing education institutions should invest in the development of self-leading nurse educators through training that enhances self-leadership skills to improve overall functioning of the nursing education institution.

5.3 FURTHER LITERATURE REVIEW

This section discusses additional literature consulted on the phenomenon *self-leadership in nurse educators* in order to design an instrument to be used in the second phase (Phase 2) of the study. The themes that emerged in the integrative literature review (Phase 1, subphase 1) and qualitative phase (Phase 1, subphase 2) guided this literature review. The topics discussed in this subsection are a clarification of the concept *self-leadership*; theories or models related to self-leadership; and the factors that the participants in Phase 1, subphase 2 identified as relevant in the facilitation of self-leadership in nurse educators.

A literature review is a synthesis of research findings, an overview of relevant theories, or a description of knowledge on a topic (Gray, Grove & Sutherland 2017:120). The use of literature depends on the relative weight given to a particular mixed-methods design (Creswell 2014:48). In this mixed-method design, the emphasis was on the qualitative phase. In the preceding chapter, literature relevant to the themes was integrated in the discussion of the findings.

5.3.1 Self-Leadership

According to Dolbier, Soderstrom and Steinhardt (2001:472), “all people have at their core or seat of consciousness, a ‘self’”. The self is defined as an active, compassionate inner leader containing the perspective, confidence and vision necessary to lead an

individual's internal and external lives harmoniously and sensitively. Accordingly, the self is an intrinsic core of the inner self that has leadership abilities. Thus, self-leadership is leading with the core self. When the self is leading, individuals have internal maintenance of health and homeostasis, and a safe and nurturing environment is provided wherein individuals have a sense of what is healthy or unhealthy for themselves (Dolbier et al 2001:469, 472).

As defined in previous chapters, self-leadership is a process by which individuals influence themselves to achieve the self-direction and self-motivation necessary to perform their tasks and work; and consists of specific behavioural and cognitive strategies designed to positively influence personal effectiveness. These strategies are generally clustered into three primary categories, viz.: behaviour-focused strategies, natural reward strategies, and constructive thought pattern strategies (D'Intino, Goldsby, Houghton & Neck 2007:106–107).

5.3.1.1 Behaviour-focused self-leadership strategies

Behaviour-focused strategies comprise of a set of processes by which individuals identify and eliminate undesirable behaviours, and replace them with adaptive behaviours that produce positive effects on performance, namely self-observation, self-goal setting, self-reward, self-punishment (self-criticism), and self-cueing (Manz 2015:135). These behaviour-focused self-leadership strategies are described by Crossen (2015:9) as follows:

- Self-observation assesses personal behaviours that should be changed or eliminated. Self-goal setting involves the setting of specific, challenging, and realistic goals to motivate and direct performance-oriented behaviours.
- Self-rewards are often contingent on the completion of self-set goals, and frequently involve a tangible self-set rewards.
- Self-criticism feedback involves the self-assessment of unsuccessful behaviours in order to improve future behaviours.
- Self-cueing involves using environmental tools such as calendars or to-do-lists to direct goal-oriented behaviour.

5.3.1.2 *Natural reward (intrinsic motivation) strategies*

These self-leadership strategies centre on building in or focusing on naturally motivating aspects of work activities into the task itself. That is, individuals strive to create a relationship with their work which then motivates them to perform activities for their own value rather than for something they receive external to the tasks. These strategies derive from a similar foundation to self-determination theory where the emphasis is on natural or intrinsic rewards that are part of task performance (Manz 2015:135). More specifically, they are applied to create motivating feelings of self-control, competence, and purpose (Manz 2015:136).

5.3.1.3 *Constructive thought pattern strategies*

These strategies involve the creation and maintenance of functional patterns of habitual thinking (Manz 2015:136). According to Crossen (2015:10), constructive thought pattern strategies focus on positive patterns of perception and thought in order to foster optimistic and adaptive thinking patterns, and reduce dysfunctional thought patterns and thus have a positive impact on performance outcomes. The specific strategies include positive self-talk, for example, vocalising the belief in one's ability to complete a given task and constructive mental images, such as visualising the successful delivery of a task or mental imagery of successful future performance. Such processes help avoid and challenge negative cognitive states like pessimism, self-doubt, and irrational thinking (beliefs and assumptions) and promote effective cognitive processing (Crossen 2015:10; Manz 2015:136).

Table 5.2 below depicts the description, strategies and specific activities that relate to nurse educators as summarised from various literatures.

Table 5.2 Categories of nurse educator self-leadership

Category	Description	Strategies	Examples of specific activities
Behaviour-focused strategies	Assist an individual to increase their self-awareness in order to facilitate behavioural management, especially the management of behaviours related to necessary but often unpleasant tasks Focus on the inherently enjoyable aspects of a given task or activity	Self-observation	<ul style="list-style-type: none"> Tracking progress towards a goal Includes non-classroom activity and teaching Managing the self and performance independent of supervisors Challenging irrational beliefs and assumptions Taking notes about critical events throughout the day, Soliciting feedback from others (co-workers, followers, leaders) Journaling
		Self-goal setting	<ul style="list-style-type: none"> Becoming aware of causes of behaviour to change ineffective patterns
		Self-reward	<ul style="list-style-type: none"> Congratulating oneself with concrete and precious award after accomplishment of a goal
		Self-punishment	<ul style="list-style-type: none"> Constructive but not excessive criticism of the self
		Self-cueing	<ul style="list-style-type: none"> Formulating "a to do list" Taking notes Displaying achievements on the wall Removing negative cues e.g., closing door and rearranging desks to prevent distractions
Natural reward (intrinsic motivation) strategies	Intended to create situations in which a person is motivated or rewarded by inherently enjoyable aspects of the task or activity	Building intrinsic motivations	<ul style="list-style-type: none"> Organising regular workplace visits Providing written feedback to Students
		Focusing on intrinsic motivators	<ul style="list-style-type: none"> Activities with students outside on a sunny day
Constructive thought pattern strategies	Facilitate the generation of habitual ways of thinking that positively influence performance	Mental imagery	<ul style="list-style-type: none"> Visualising facilitation of an engaging lecture Improving communication skills during teaching and learning e.g. giving praise, showing appreciation
		Positive self-talk	<ul style="list-style-type: none"> Practising positive internal dialogue Rehearsing before presentation Taking risks e.g., introducing new teaching programmes recovering quickly from feelings of failure or rejection

(Alves et al 2006; D'Intino et al 2007; Manz 2015; Marshall et al 2012)

5.3.2 Theories or models related to self-leadership

There are a number of models or theories that have been developed to describe the self-leadership process in literature. There are, however, no specific theories or models related to self-leadership in educators or academics. Nevertheless, the following theories provide a comprehensive understanding of the shared interaction among the behaviours, thoughts, and the environment by individual employees.

5.3.2.1 *Bandura's social cognitive theory (1986)*

Bandura's social cognitive theory is described by McCormick (2001:24) as a dynamic system comprised of reciprocal relationships among three categories of determinants, namely: the individual's cognitions; individual behaviour; and the performance environment. According to Neck et al (2017:14), social cognitive theory proposes a self-regulatory system, which involves self-monitoring and behavioural reactions, and assumes that people have greater influence over establishing their own performance objectives. Individuals set goals in ways that create discrepancies, which then results in behaviours and effort aimed at reducing the discrepancies. After the goals are obtained, and the discrepancies are eliminated, people tend to set even higher standards, and the process of discrepancy reduction continues. Thus, self-leading nurse educators need to have goals that reflect their needs, motives, values and environmental demands in order to improve their performance. More importantly, an individual nurse educator needs to have a belief in personal capabilities in terms of knowledge, skills and abilities, and identify resources to meet the demands of a specific task and situation (McCormick 2001:26).

According to Neck et al (2017:14–15), social cognitive theory stipulates that an individuals' perceptions of their own ability to deal successfully with and overcome situations and challenges they face in life can have a major impact on their performance. Low self-efficacy judgement, that is, the belief that we lack the ability to deal with a difficult challenge, can lead to mental exaggeration of our own deficiencies and the potential hazards of difficult situations, leading to anxiety and stress, which can detract from our performance and focus on obstacles and potential failures, rather than on opportunities and potentially successful alternative courses of action. Perceptions of self-efficacy stem from the following sources: observing the performance of others and their successes and

failures; verbal persuasion, for example, through an inspiring speech by a coach or supervisor; individual perceptions of physical reaction to a situation, such as feeling calm and calm before a challenge; and own performance history. Thus, the nursing education institution should provide a supportive environment that ensures that nurse educators, specifically inexperienced ones, are mentored and coached so that they attain self-confidence and self-belief on their abilities to teach effectively.

5.3.2.2 Manz's Expanded Theory of Self-Influence (1986)

Manz's (1986:586,589) theory of self-influence proposes an expanded "self-leadership" perspective that emphasises purposeful leadership of self toward personal standards and natural rewards that hold greater intrinsic motivational value. The theory describes self-leadership as a comprehensive self-influence perspective that concerns leading oneself toward performance of naturally motivating tasks, as well as managing oneself to do work that must be done but is not naturally motivating. It challenges the appropriateness of operating standards that govern the employee self-influence system as the reasons for the behaviour.

The theory makes the following assumptions:

- Organisational control systems in their most basic form provide performance standards, evaluation mechanisms, and systems of reward and punishment.
- Similarly, individuals possess self-generated personal standards, engage in self-evaluation processes, and self-administer rewards and punishments in managing their daily activities.
- While organisations provide employees with certain values and beliefs packaged into cultures, corporate visions, people too possess their own systems of values, beliefs, and visions (however vague) for their future.
- In addition, the counterparts of organisational rules, policies, and operating procedures are represented internally in the form of an individual's thoughts (cognition) and behaviours.

Thus, according to Manz (1986:589), true self-leadership is based on the personal meaningfulness, ownership of the individual's governing standards and invoking external influence to achieve personally chosen standards is a legitimate form of self-leadership.

This means that self-leading nurse educators actively engage in deep self-reflection and introspection in order to have a better understanding of their own behaviour around others, with the ultimate goal of making positive improvements and meaningful change within the nursing education institution. Such individuals are able to focus on setting themselves goals that lead to performance standards, which conform to an idealised view of how they should act and are motivated to reach this standard of performance, to become high-achieving individuals who strive to reach higher performance standards.

5.3.2.3 *Bandura's Self-Determination Theory (SDT)*

According to Deci et al (2017:19–20), self-determination theory is a human motivation theory that specifically suggests that both employees' performance and their well-being are affected by the type of motivation they have for their job activities. Self-determination theory therefore differentiates types of motivation and maintains that different types of motivation have functionally different catalysers, concomitants, and consequences. Autonomous motivation is characterised by people being engaged in an activity with a full sense of willingness, volition, and choice. Hagger, Hardcastle, Chater, Mallett, Pal and Chatzisarantis (2014:565) define autonomous motivation as engaging in a behaviour because it is perceived to be consistent with intrinsic goals or outcomes and emanates from the self. According to Hagger et al (2014:565), individuals who engage in autonomously motivated behaviours are self-determined and feel a sense of choice, personal endorsement, interest, and satisfaction and, as a consequence, are likely to persist with the behaviour. The behaviour is consistent with and supports the individuals' innate needs for autonomy, the need to feel like a personal agent in one's environment, competence, and the need to experience a sense of control and efficacy in one's actions. When individuals understand the worth and purpose of their jobs, feel ownership and autonomy in carrying them out, and receive clear feedback and support, they are likely to become more autonomously motivated and reliably perform better, learn better, and be better adjusted in their engagement in self-leadership.

In contrast, when motivation is controlled, either through contingent rewards or power dynamics, the extrinsic focus that results can narrow the range of employees' efforts, produce short-term gains on targeted outcomes, and has negative spill-over effects on subsequent performance and work engagement (Deci et al 2017:19–20). This is because individuals who engage in controlled motivation do so for referenced reasons, such as to

gain rewards or perceived approval from others, or to avoid punishment or feelings of guilt. Such individuals feel a sense of obligation and pressure when engaging in the behaviour, and are only likely to persist with the behaviour as long as the external contingency is present. If the reinforcing agent is removed, action is likely to desist. Individuals who are control-motivated are therefore less likely to be self-regulated.

According to Neck et al (2017:16), self-determination theory suggests that the needs for competence and for self-determination or autonomy are primary mechanisms for enhancing intrinsic or natural motivation derived from the task or activity itself. Thus, the implication of self-determination theory on self-leading nurse educators is that they would seek out and attempt to overcome challenges in order to increase their feelings of competence and self-determination when executing their duties. In addition, these nurse educators identify enjoyable aspects of their work activities, such as teaching a subject or course that they find naturally interesting, or focusing on an interesting subject due to the natural desire to master it.

In conclusion, the self-leadership theories or models discussed above elucidated a more comprehensive view on employee behaviour that demonstrate a three-way reciprocal interaction among employee cognitions, behaviours, and the environment. In the same vein, individuals have the capacity to self-reflect as they pursue their goals, which enables them to exercise some control (self-regulation) over their thoughts, feelings, motivations, and actions. Nurse educators who possess personal attributes such as need for autonomy (self-determination) and self-efficacy are more likely to take responsibility or even accountability for their actions, participate in decision-making processes, and partake in self-leadership activities to improve their performance. The implication of these theories for nursing education is that nurse educators have the capacity to control their behaviour in the teaching environment and be role models for students. However, self-leadership allows for external influences such as the nursing education institution itself through the actions of the designated leaders to have a role in facilitating intrinsic motivations for nurse educators.

5.4 OVERVIEW OF THE PHILOSOPHIES RELATED TO SELF-LEADERSHIP

There are various perspectives on the development of self-leadership influenced in literature, however these philosophies are guided by the assumptions that the

experiences that people go through in their lives, the lessons they learnt in their work and personal lives, and observing others shape their leadership. Thus, individuals should have some level of on-going self-awareness, ability to build on one's strengths, empathy, positivity, and motivation, and be able to develop others and implement effective change. The following are some of the philosophies that best demonstrate the development of the self, and how the self is influenced.

5.4.1 Self-psychology

At the heart of self-psychology theory lies the self, which is viewed as a process or system that organises subjective experience and is the essence of a person's psychological being. It consists of sensations, feelings, thoughts, and attitudes toward oneself and the world (Banai, Mikulincer & Shaver 2005:225). When individuals are not able to develop a healthy sense of self, they may tend to rely on others in order to have their needs met.

According to Banai et al (2005:227), there are three cardinal self-object needs that correspond to the three axes of self-development. These needs are called needs for *mirroring*, *idealisation*, and *twinsip*, and are discussed below.

5.4.1.1 Mirroring

The self-object need for mirroring is a need to be admired for one's qualities and accomplishments, such as when children need a caregiver who admires them, celebrates their progress, and applauds their accomplishments. Satisfaction of this self-object need includes being valued by others and feeling pride in one's qualities and accomplishments, which in turn contributes to what is viewed as a healthy sense of "grandiosity." This means others serve as a mirror that reflects a sense of self-worth and value. Just as people use a mirror to check appearance, mirroring transference involves use of the affirming and positive responses of others to see positive traits within the self. Therefore, mirroring assists the nurse educators to have self-confidence, assertiveness, stable sense of self-esteem or self-worth, ambitions, and commit to meaningful tasks and projects.

Therefore, in line with self-leadership, the mirroring axis suggests that a nurse educator's accomplishments should be celebrated and encouraged to fulfil their ambition and to

engage in meaningful tasks that will instil a sense of positive regard toward self and others.

5.4.1.2 *Idealisation*

The idealisation axis refers to the development of a person's ability to form and maintain a stable system of goal-setting ideals (Banai et al 2005:225). According to Cooley (2008:24), the idealisation axis requires one to have the ability to create and maintain a strong set of goals that involves one's values and one's ability to communicate those goals and values with others. The self-object need for idealisation is a need to form an idealised image of significant others and to experience a sense of merging with the resulting idealised self-objects. An example of this is when children need to hold onto an image of one or more idealised parental figures toward whom they can feel admiration and with whom they can identify to the point of feeling they are associated with, or a part of, those people's highly admirable qualities. Through this kind of identification, children can proceed through development in a more secure fashion and internalise the ability to hold ideals and set high but realistic goals. The external other is idealised as somebody who is calm and soothing when one cannot provide that on their own. Thus, it is important for nurse educators to surround themselves with experienced colleagues who can serve as role models.

5.4.1.3 *Twinship*

The self-object's need for twinship is a need to feel similar to others and be included in relationships with them. An example of this is when children need a parental figure to whom they are allowed to feel similar and with whom they are encouraged to feel "part of" a group (e.g. family) that surrounds and protects them. Gratification of this need facilitates the adoption of community codes and the development of social skills, empathy, and a sense of connectedness.

According to Cooley (2008:24), the twinship axis requires one to grow and become part of a larger community, group or organisation. This connectedness permits one to have a sense of belonging and the opportunity to have one's goals and ideals understood and accepted by others. Thus, the twinship axis assists a self-leading nurse educator to settle well within the nursing education institution, have good interpersonal relationships with

fellow colleagues, and work well within teams, but still remain autonomous and driven by personal philosophies and goals.

5.4.2 Positive psychology

Positive psychology refers to the scientific study of the strengths that enables individuals and communities to thrive. The field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play (University of Pennsylvania [Sa]).

Pluskota (2014:2) describes positive psychology as a science that provides a theoretical basis for enabling people to improve their mental well-being and to achieve better physical health. It is based on three pillars, namely a positive life experience for individuals through exploiting positive emotions; a person's positive physical properties through exploiting positive personality traits such as aptitude, virtues and strengths; and lastly positive society through exploiting positive social institutions, such as democracy, a strong family, and education for promotion of positive development.

Positive psychology is further described by Neck et al (2017:16) as a broad term referring to the study of positive emotions including happiness, gratitude and fulfilment; and positive character traits such as optimism, resilience, and character strength. Cashman (2017:155–156) asserts that individuals with resilience are deeply focused, are driven by internal motivation, optimism, creativity and innovation, vitality and enthusiasm. The field of positive psychology suggests that an individual's happiness and well-being is determined by intentional activity. Thus, the link between positive psychology and self-leadership is that self-leadership strategies are designed to lead to intentional activities that can help people to reshape their behaviour and cognitive processes to be more positive and productive.

5.5 SUMMARY

This chapter introduced findings from integrative literature review (Phase 1, subphase 1) and qualitative phase (Phase 1, subphase 2), by discussing the themes that emerged from the two subphases. The categories of nurse educator self-leadership were inferred from the concept description of self-leadership, as well as data in Phase 1. The discussion

on additional relevant literature on self-leadership clarified the concept of *self-leadership in nurse educators*, theories or models of self-leadership and the different categories of nurse educator self-leadership. Not all the literature referred to in this review explicitly described self-leadership in nurse educators as such. The literature review firstly guided the familiarisation of the concept self-leadership in nurse educators during the Phase 1 of the study and, secondly, the item generation of the data-collection instrument in Phase 2. The literature review revealed that the reciprocal interaction among employee behaviours, cognitions, and the environment is essential in achieving improved performance of nurse educators in the nursing education institution. The next chapter discusses the data analysis, presentation and description of the research results of Phase 2 of the study.

CHAPTER 6

DATA ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS PHASE 2

6.1 INTRODUCTION

In this chapter, data analysis and the data obtained from the nurse educators who completed the questionnaire in Phase 2 are discussed.

In this mixed-methods study, the qualitative data of Phase 1 were used to generate items for a self-administered questionnaire to obtain quantitative data from nurse educators in purposively selected nursing education institutions in Gauteng and KwaZulu-Natal provinces (Phase 2). The respondents were not involved in the data collection of the qualitative part of phase 1 and were not involved in the pretesting of the questionnaire.

The results are presented by discussing the following aspects: the respondents' biographical data, validation of the constructs, and the scale of reliability of the constructs and the effect of the biographical properties of the respondents on these constructs. These constructs were statistically grouped according to their scale reliability and labelled according to the characteristics of the subsets in each construct.

Descriptive statistics, that is, frequencies and percentages, as well as inferential statistics were used to summarise the data, together with tables and figures. Further statistical analyses were performed to determine relationships between some of the variables. Totals are indicated by frequency, followed by percentages (%), which are rounded off to one decimal point. Literature references are limited because literature control was done in Phase 1 (Chapter 4) and a literature review was conducted in Chapter 5. A detailed discussion on the process followed was provided in Chapter 2.

The total number of participants was 265. The letter n was used to indicate the total number of participants instead of N because the total number of respondents were a portion of the respondents. For items to which not all respondents responded, the

frequencies and percentages were calculated according to the number of responses; thus missing values were not included, but were indicated in the tables.

6.1.1 The research instrument

Data were collected using a questionnaire, which comprised of four sections. The research instrument (Annexure H) and its sections were discussed in detail in Chapter 2. This was a new questionnaire developed by the researcher and therefore its constructs had to be validated through exploratory factor analysis. An exploratory factor analysis is performed to determine if the individual questions load (or contribute) onto the constructs as intended in the questionnaire, thus testing the validity of all the constructs (dimensions) in the questionnaire (Boateng, Neilands, Frongillo, Melgar-Quinonez & Young 2018:13,14). The exploratory factor analysis technique was discussed in detail in Chapter 2.

6.2 BIOGRAPHICAL INFORMATION

This section describes the biographical information of the respondents, namely: age, gender, mother tongue (first language), additional qualification, years of teaching experience, and the activities that nurse educators are involved in at the nursing education institution. The reason for including the biographical data were to determine whether there would be any significant relationships between the biographical properties of the respondents and their responses to the self-leadership constructs as well as to provide any information that may be significant to the findings of the study.

6.2.1 Age

Figure 6.1 depicts the distribution of the ages of the respondents. The oldest respondent was 72 years of age, and the youngest was 27 years of age. The mean age (49) is smaller than the median (51), with the few smaller values of age bringing the mean downwards but not affecting the median. As the figure depicts, there were more respondents distributed between the ages of 50-60, and less respondents distributed for ages 30-40.

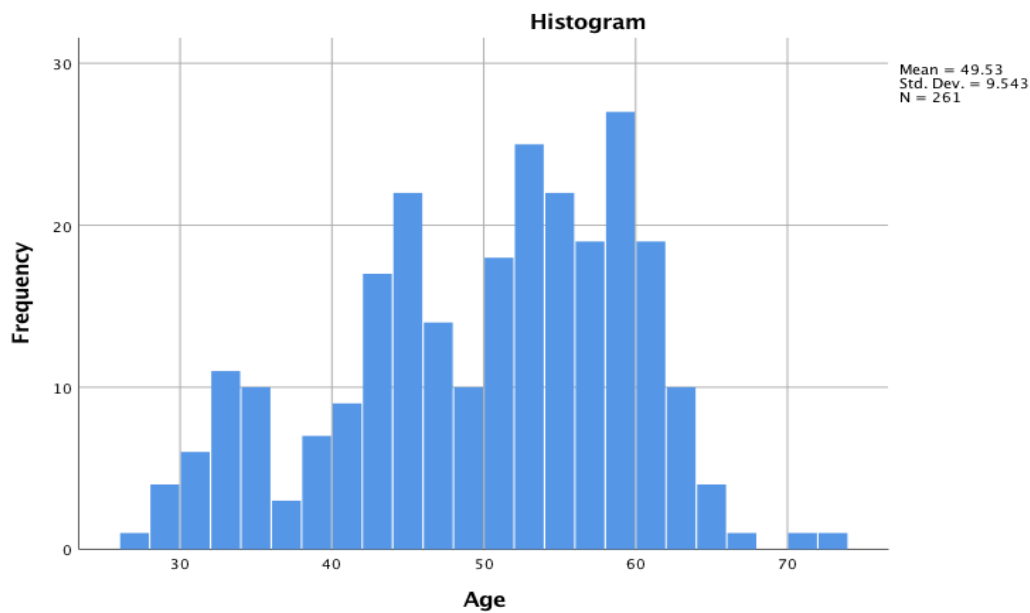


Figure 6.1 The distribution of the age of respondents (n=263)

As depicted in Table 6.1, the age brackets that were used to classify ages, were: 21–30; 31–40; 41–50; and 51+, as guided by the work of Rambe, Modise and Chipunza (2018:5) and Trusler (2018:31).

The age bracket with the lowest number of respondents was that of 21–30 years at nine (3.4%), and the age bracket with the largest number of respondents was that of ages 51 or more years which comprised of 140 (53.2%) respondents, which means that more than half of the respondents were more than 51-years-old. Notably, 29 (11%) of the respondents were within the retirement age of 61 or more years. Nurse academics are aging, and this impacts on the country’s ability to educate and produce the next generation of nurses (Clochecy, Visovsky & Munro 2019:63–64).

Table 6.1 The age distribution of the respondents (n=263)

Age	Frequency	Percentage
21-30	9	3.42
31-40	35	13.31
41-50	79	30.04
51+	140	53.23
Total	263	100.00
Missing=2		

6.2.2 Gender

Table 6.2 presents data regarding the gender of respondents. Only 15 (6%) respondents were males. Males are a minority in the nursing profession, which is generally dominated by females; it was therefore not surprising that there was a higher frequency of females responding to the questionnaire than males.

Table 6.2 Gender of respondents (n=265)

Level	Frequency	Percent
Female	250	94
Male	15	6
Total	265	100
Missing=0		

6.2.3 Mother tongue

As indicated in Table 6.3, a total of 57 (21.5%) respondents did not indicate their mother tongue (first language). The mother tongue used by most respondents was isiZulu (n=66; 32%), and lowest was isiNdebele (n=1; 1%).

Table 6.3 Mother tongue of respondents (n=208)

Language	Frequency	Percentage
Afrikaans	34	16
English	20	10
isiNdebele	1	0.5
Northern Sotho	15	7
Setswana	28	13
siSiswati	2	1
Southern Sotho	20	10
TshiVenda	7	3
isiXhosa	10	5
xiTsonga	5	2
isiZulu	66	32
Total	208	100
Missing=57		

6.2.4 Additional qualification (Nursing Education and Nursing Management)

As depicted in Table 6.4, a total of 239 (90%) respondents in the sample indicated that their additional qualification was in nursing education, compared with 170 (64%) in the sample who indicated that their additional qualification was in nursing management. Thus, there were more nurse educators in the sample with a nursing education qualification compared to those that had a nursing management qualification. Although nursing education and nursing management are distinct qualifications, they can be acquired as additional qualifications at the same time, however, it is requirement that nurses that teach in nursing education institutions ought at least to have acquired a nursing education qualification (SANC 2014:20).

Table 6.4 Additional qualification (n=265)

Qualification	Frequency	Percentage
Nursing Education	239	90
Nursing Management	170	64
Missing=0		

6.2.5 Years of experience teaching in a nursing education institution

Figure 6.2 depicts the distribution of the years of teaching experience in a nursing education institution. The highest number of years of experience was 40, and the lowest years of experience was zero. The mean (11) years of experience was greater than the median (10), with a standard deviation of 7.76. There were more respondents distributed between 0-20 years of experience, and lesser distribution for respondents with 25 or more years of experience.

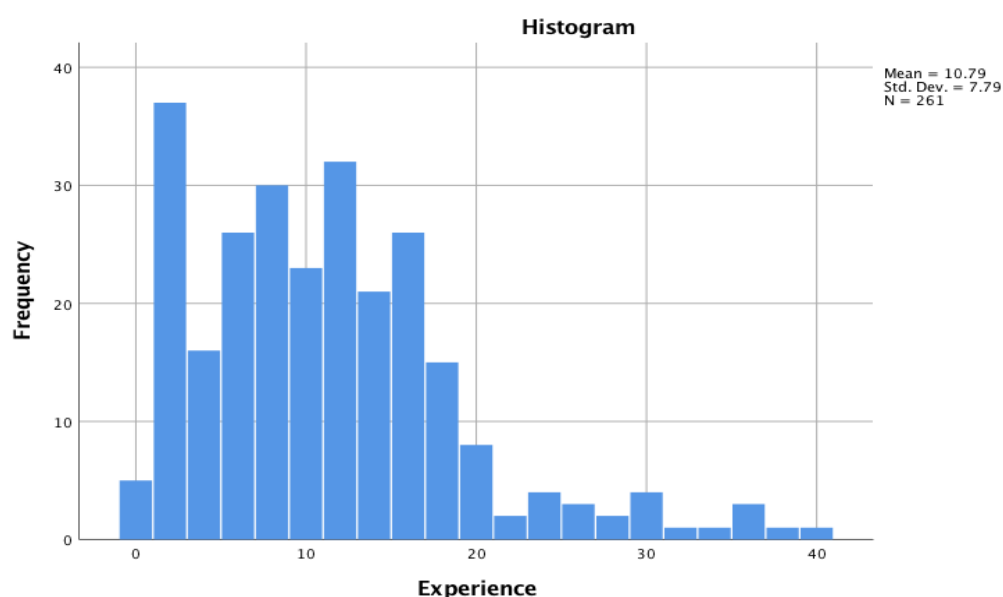


Figure 6.2 The distribution of the years of experience of teaching in a nursing education institution (n=263)

As depicted in Table 6.5, the years brackets that were used to classify the years of experience in teaching were: 0-5; 6-10; 11-15; 16-20 and 21 or more years, as guided by the work of Baxter (2016:76).

The years of experience bracket of 11-15 years had the highest number of respondents at 72 (27.3%). About 22 (8.4%) of the respondents were those that were more experienced, at the years of experience bracket of 21 or more years. The years of experience brackets of 0-5 and 6-10 had equal number of respondents of 69 (26.2%) each.

Table 6.5 The years of experience of the respondents (n=263)

Years	Frequency	Percentage
0-5	69	26.2
6-10	69	26.2
11-15	72	27.3
16-20	31	12
21+	22	8.4
Total	263	100.0
Missing=2		

6.2.6 Type of nursing education institution

Table 6.6 shows that 178 (67%) of the respondents were teaching at public nursing colleges, 60 (23%) taught at private nursing schools and 27 (10%) taught at university-based nursing departments.

Table 6.6 Type of nursing education institution at which the respondents currently work (n=265)

Type of Institution	Frequency	Percent
Public Nursing College	178	67
Private Nursing School	60	23
University-based nursing department	27	10
Total	265	100

6.2.7 Activities nurse educators are involved in at the nursing education institution

As Table 6.7 depicts, nurse educators are involved in a variety of activities, aimed at integration of theory and practice. The respondents indicated that their activities were as follows: 211 (80%) clinical accompaniment, 204 (77%) clinical teaching, 202 (76%) facilitation of theory, 175 (66%) active participation in institutional committees, 155 (58%) coordination of teaching or clinical learning, 131 (49%) student administration, 123 (46%) student counselling, 86 (32%) supervision of research, and 69 (26%) quality coordination.

It should be noted that nurse educators do not only get involved in one of these activities, but in two or more. The dominance of activities such as clinical accompaniment, clinical teaching and facilitation of theory by nurse educators is expected as nursing is considered both an art and science. Nursing is a unique mixture of both science and art and represents a discipline that embraces both in its practice. Nursing knowledge requires grasp of a wide range of theory in addition to practical techniques (Garrett 2018:9).

Table 6.7 Nurse educator activities (n=265)

Activity	Frequency	Percent
Facilitation of theory	202	76
Clinical teaching	204	77
Clinical accompaniment	211	80
Supervision of research	86	32
Quality coordination	69	26
Active participation in institutional committees	175	66
Coordination of teaching or clinical learning	155	58
Student counselling	123	46
Student administration	131	49
Missing=0		

6.3 VALIDITY TESTING OF THE SELF-LEADERSHIP CONSTRUCTS THROUGH EXPLORATORY FACTOR ANALYSIS

In order to test the validity of all the constructs (dimensions) in the questionnaire, an exploratory factor analysis was performed to determine if the individual questions load (or contribute) onto the constructs as intended in the questionnaire. According to Williams, Onsman and Brown (2010:2), exploratory factor analysis reduces a large number of variables into a smaller set of variables, which are referred to as factors; it establishes underlying dimensions between measured variables and latent constructs, thereby allowing the formation and refinement of theory; and provides construct validity evidence of self-reporting scales.

Exploratory factor analysis was applied to the responses of the subscales B, C and D. The maximum likelihood method was used to extract the factors, and this was followed by a varimax (orthogonal) rotation. The following criteria were used to determine the number of factors to be used for rotation: cumulative percentage variance greater than 50%, Eigen value greater than 1, and a significant decline in the scree plot. In interpreting the rotated factor pattern, an item was said to load on a given factor if the factor loading was 0.40 or greater for that factor, and less than 0.40 (absolute value) for the other factors in the rotated factor matrix, as depicted in Tables 6.8, 6.9 and 6.10. The factor loadings that were 0.40 or greater are highlighted in bold.

6.3.1 Validation of constructs of subscale B (self-leadership)

Seven factors exhibited with Eigen values above 1 but only 1 item loaded on the 7th factor, therefore 6 factors were chosen with Eigen values above 1 and 58.6% of cumulative variance. Results of a scree plot also suggested that only the first six factors were meaningful. Therefore, only the first six factors were retained for rotation. Table 6.8 displays the matrix of rotated factor loadings for Subscale B (self-leadership).

Table 6.8 Matrix of rotated factor loadings for Subscale B: Self-leadership

Item No.	Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
B18	I possess and maintain self-discipline during my interactions with students.	0.77	0.12	0.08	0.00	0.21	0.05
B17	I possess and maintain self-discipline during my interactions with my peers (colleagues).	0.75	0.18	0.17	0.05	0.12	0.02
B19	I observe my behaviour during both classroom and non-classroom activities in the nursing education institution.	0.70	0.17	0.15	0.11	0.24	0.02
B21	I consider myself as a role model to students.	0.66	0.25	0.11	0.20	0.13	0.04
B20	I am able to control feelings, thoughts and actions when interacting with fellow educators and students.	0.59	0.15	0.34	0.07	0.15	-0.1
B22	I consider myself as a role model to my colleagues.	0.51	0.36	0.19	0.22	-0.2	0.06
B38	In my opinion, I have good interpersonal skills at work.	0.46	0.21	0.42	0.15	0.15	0.11
B25	I set myself high standards and motivate myself to achieve them.	0.25	0.63	0.23	0.05	0.20	0.03
B26	I develop strategies to meet my professional goals in order improve the demands of the nursing education institution.	0.22	0.55	0.32	0.17	0.08	0.11
B23	I consider myself as a visionary leader with a personal vision to bring about change in nursing education.	0.29	0.54	0.12	0.30	0.10	-0.0
B27	I set professional goals that motivate me to move out of my comfort zone.	0.21	0.48	0.39	0.15	0.12	0.19
B24	My professional goals reflect my personal needs, motives and values.	0.21	0.48	0.08	0.13	0.30	0.08
B28	I recover quickly after moments of disappointment, feelings of failure or rejection experienced in my professional work.	0.25	0.12	0.58	0.07	0.12	-0.1
B34	I am able to deal with distractions or disturbances that may affect my performance in the nursing education institution.	0.16	0.13	0.52	0.11	0.06	0.01
B32	I put up reminder notes and "to do lists" in order to manage my work and performance better.	0.07	0.20	0.37	0.21	-0.0	0.20
B31	I engage in constructive criticism of my work or performance.	0.05	0.16	0.35	0.29	0.18	0.07
B40	It is my opinion that nurse educators should find time to visualise and rehearse the facilitation of engaging lessons.	0.17	0.19	0.15	0.62	0.20	0.04
B33	It is my opinion that nurse educators should motivate themselves by celebrating their achievements.	0.05	0.08	0.14	0.51	0.13	0.15
B39	I visualise myself successfully performing a task before I do it.	0.21	0.24	0.31	0.47	0.11	0.02
B36	I find the subject or course that I currently teach to be naturally interesting.	0.23	0.26	0.21	0.14	0.55	0.15
B37	I get deeply motivated and filled with a sense of purpose when students perform well.	0.28	0.21	0.05	0.19	0.50	0.15
B35	I get deep satisfaction from the act of teaching students.	0.20	0.07	0.14	0.16	0.45	0.04
B41	Sometimes I find myself talking to myself out loud or in my head to motivate myself to go through difficult situations when doing my work.	-0.0	0.03	-0.0	0.24	0.25	0.23
B29	I tend to be harsh and criticise myself when I have performed poorly.	-0.0	0.07	0.05	0.09	0.01	0.56
B30	I feel guilty when my students perform poorly.	0.09	0.02	0.01	0.04	0.14	0.54

Six items loaded on the first factor, labelled “self-control”; five items loaded on the second factor, labelled “goal-setting”; three items loaded on the third factor labelled “positive self-talk”; three items loaded on the fourth factor, labelled “constructive thought patterns”; three items loaded on the fifth factor, labelled “natural reward”; and two items loaded on the sixth factor, labelled “self-criticism”.

In choosing the number of factors, the following was done: The sixth factor, labelled “self-criticism” loaded only two items. However, this is a limitation, as three items are considered to be enough to form a factor. Item B38, which was cross-loading for both Factor 1 and Factor 3 was retained for Factor 3, based on the fact that it would make logical sense under the construct in Factor 3, as it is related to nurse educators being focused on achieving their professional goals.

6.3.2 Validation of constructs of subscale C (self-leadership activities)

Five factors exhibited with Eigen values above 1 and had a 50.9% of cumulative variance. Results of a scree plot also suggested that the five factors were meaningful. Thus, the five factors were retained for rotation. Table 6.9 below displays the matrix of rotated factor loadings for Subscale C (self-leadership activities).

Table 6.9 Matrix of rotated factor loadings for Subscale C: Self-leadership activities

Item No.	Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
C70	It is my belief that nurse educators should be involved in the decision-making processes of the nursing education institution.	0.83	0.06	0.10	0.15	0.04
C71	In my opinion the nursing education institution should support nurse educators' innovation and creative behaviours.	0.73	0.07	0.18	0.33	0.02
C67	Nurse educators have a responsibility to instil professional ethics and values in their students.	0.72	0.13	0.18	-0.0	0.17
C68	Leaders in a nursing education institution should be passionate, inspirational and build self-confidence in nurse educators.	0.66	0.16	0.13	0.04	0.42
C72	In my opinion nurse educators are change agents who advocate for the transformation of the broader community.	0.64	0.33	0.05	0.26	0.08
C75	Nursing education institutions should send nurse educators to training programmes that stimulate their self-leadership	0.58	0.07	0.20	0.39	-0.1
C69	The leaders in nursing education institutions should give nurse educators room for failure and encourage them to take risks.	0.43	0.06	0.12	0.14	0.06
C74	Rigid bureaucratic leadership systems and autocratic leadership styles prevent nurse educators from engaging in self-leadership activities.	0.37	0.12	0.13	0.10	-0.1
C47	I identify my own learning needs for self-development based on the current and future health and education trends.	0.14	0.62	0.29	0.24	-0.0
C48	I take time to reflect on how my work contributes to the improvement of student performance in the nursing education institution.	0.04	0.58	0.15	0.07	0.00
C46	In my opinion, it is the responsibility of the individual nurse educator to engage in his or her own professional development.	0.09	0.58	0.10	0.14	0.02
C51	I take time to reflect on my teaching behaviour and actions with the aim to make positive improvements and meaningful change.	0.07	0.57	0.28	0.01	0.11
C50	In my opinion, engagement in continuing professional development (CPD) activities that are relevant to my area of work could facilitate my self-leadership.	0.26	0.50	0.20	0.36	0.04
C54	Nurse educators should take time to research new information and developments in their areas of teaching.	0.21	0.45	0.30	0.13	0.41
C60	I am a teamworker who engages in sharing ideas and resources with fellow nurse educators.	0.25	0.43	0.16	0.33	0.28
C73	I consider myself as a change agent who advocates for the transformation of the nursing education system.	0.31	0.32	0.01	0.17	0.17
C56	Nurse educators should endeavour to meet deadlines on their tasks.	0.18	0.24	0.60	0.13	0.08
C59	Nurse educators should give timeous feedback to the students on their performance.	0.29	0.16	0.53	0.26	0.01
C57	Nurse educators should adhere to teaching schedules (timetables).	0.05	0.13	0.52	0.08	0.09
C55	In my opinion nurse educators should strive to commence their work on time.	0.11	0.23	0.52	0.04	0.11
C58	Nurse educators should develop lesson plans in their preparations for teaching.	0.13	0.12	0.47	0.30	-0.0
C66	Nurse educators should promote ethical attitudes towards colleagues, students and in society.	0.25	0.29	0.42	0.33	0.11

Item No.	Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
C52	In my opinion, nurse educators should regard themselves as co-learners who consider suggestions from students during the teaching and learning process.	0.29	0.28	0.31	0.12	0.30
C49	I endeavour to be a resourceful role model who embodies the values and image of the nursing profession to my colleagues and students.	0.09	0.03	0.10	0.07	0.05
C65	It is my opinion that nurse educators should be involved in succession planning to ensure continuity in key leadership positions and retain intellectual and knowledge capital.	0.27	0.15	0.10	0.64	0.12
C61	In my opinion, collaboration between nurse educators in the nursing education institution should be encouraged.	0.18	0.21	0.18	0.62	0.23
C53	In my opinion, nurse educators should request feedback on their performance from significant others in the nursing education institution.	0.20	0.18	0.22	0.42	0.02
C64	It is my opinion that in the absence of designated mentors, nurse educators should be initiative and find resources to read, research and observe colleagues in order to develop the necessary teaching skills.	0.33	-0.0	0.15	0.35	0.26
C62	In my opinion, a nurse educator should assume the leadership role when the supervisor is not available to provide leadership.	0.07	0.10	0.09	0.28	0.08
C63	In my opinion, the institution should provide new nurse educators with mentors.	0.02	0.05	0.11	0.31	0.58

In summary, six items loaded on the first factor, labelled “autonomy-supportive environment”; six items loaded on the second factor, labelled “continuing professional development”; six items loaded on the third factor, labelled “role modelling”; three items loaded on the fourth factor, labelled “shared leadership”; and one item loaded on the fifth factor, possibly labelled “mentoring”.

Item C68 that was cross-loading for both Factor 1 and Factor 5 was not retained for any of the two factors. Although it loaded highest on Factor 1, it did not make logical sense, nor would it make logical sense if retained in Factor 5.

Similarly, item C54, which was cross-loading for both Factor 1 and Factor 5 at 0.45 and 0.40 respectively, was not retained for either of the factors. The fifth factor in this subscale had two items, which were cross-loading with other factors in the rotated factor matrix, and these items were not retained. As a result, there was only item C63, which was about the institution providing new nurse educators with mentors, remaining under Factor 5. Since Factor 5 only had one item, a score could not be calculated.

6.3.3 Validation of constructs of Subscale D (motivation)

Two factors exhibited with Eigen values above 1 and had 52.6% of cumulative variance. Results of a scree plot also suggested that the two were meaningful. Table 6.10 displays the rotated factor loadings for Subscale D (motivation).

Table 6.10 Rotated factor loadings for Subscale D: Motivation

Item No.	Items	Factor 1	Factor 2
D79	I am a proactive nurse educator who takes self-directed initiatives that improve students' performance.	0.77	0.06
D80	I involve myself in innovative and creative initiatives to improve the students' performance.	0.76	0.08
D82	I have a natural desire to learn the mastery of the subject or course that I currently teach.	0.62	0.17
D81	Nurse educators should have autonomy, control and ownership over their work in the nursing education institution.	0.62	0.11
D87	The nursing education institution management should motivate me to have autonomy, control and ownership over my work.	0.14	0.68
D86	The nursing education institution management should provide support for me to improve my performance.	0.10	0.68
D83	In my opinion, the nursing education institution has a role to play in motivating me to be autonomous and competent so that I can produce quality work.	0.24	0.44
D85	In my opinion, incentives from the nursing education institution motivate me to improve my performance.	-0.1	0.41
D84	My colleagues (peers) value my work and are supportive.	0.21	0.30

There were no cross-loadings in this subscale. Four items loaded on the first factor, labelled “intrinsic motivation”; whilst four items loaded on the second factor, labelled “management support”.

6.4 RELIABILITY TESTING OF THE SELF-LEADERSHIP CONSTRUCTS

Following the validity testing of the self-leadership dimensions (constructs), item analysis was done to assess the reliability of the different dimensions or constructs in the questionnaire by means of Cronbach's Alpha coefficient. The tests were conducted to confirm internal consistency, that is, to establish if the relevant items of each construct measured the construct reliably.

6.4.1 Reliability testing on the self-leadership constructs

Table 6.11 below presents the results from the analyses for the questionnaire subscale of self-leadership. As depicted in the table, the reliability testing was measured on the items that loaded as follows: six items loaded on the first factor, labelled “self-control”; five items loaded on the second factor, labelled “goal-setting”; three items loaded on the third factor labelled “positive self-talk”; three items loaded on the fourth factor,

labelled “constructive thought patterns”; three items loaded on the fifth factor, labelled “natural reward”; and two items loaded on the sixth factor, labelled “self-criticism”.

Table 6.11 Reliability testing on the subscale Self-leadership

Subscale	Constructs	Items	Items left out	Cronbach	Reliability
Self-leadership	Self-control	B17, 18, 19, 20, 21, 22	None	0.86	Good reliability
	Goal-setting	B23, 24, 25, 26, 27	None	0.80	Good reliability
	Positive self-talk	B28, 34, 38	None	0.65	Acceptable reliability
	Constructive thought patterns	B40, 33, 39	None	0.65	Acceptable reliability
	Natural reward	B35, 36, 37	None	0.67	Acceptable reliability
	Self-criticism	B29, 30	None	0.55	Unacceptable reliability

The Cronbach alpha coefficient of all the factors were acceptable, with self-control and goal-setting getting good reliability, except the sixth factor which was found unreliable, thus a score for the sixth factor was not calculated.

6.4.2 Reliability testing on self-leadership activities

Table 6.12 below presents the results from the analyses for the questionnaire subscale of self-leadership activities. As depicted in the table, the reliability testing was measured on the items that loaded as follows: six items loaded on the first factor, labelled “autonomy-supportive environment”; six items loaded on the second factor, labelled “continuing professional development”; six items loaded on the third factor, labelled “role modelling”; and three items loaded on the fourth factor, labelled “shared leadership”.

Table 6.12 Reliability testing on the subscale self-leadership activities

Subscale	Constructs	Items	Items left out	Cronbach	Reliability
Self-leadership activities	Autonomy-supportive environment	C67, 69, 70, 71, 72, 75	None	0.82	Good reliability
	Continuing professional development	C46, 47, 48, 50, 51, 60	None	0.78	Acceptable reliability
	Role modelling	C56, 59, 57, 55, 58, 66	None	0.75	Acceptable reliability
	Shared leadership	C61, 65, 53	None	0.69	Acceptable reliability

The Cronbach alpha coefficient of all the factors are greater than 0.6, which means that the items of the constructs were reliable. Thus, the results indicate internal consistency of the self-leadership activities.

6.4.3 Reliability testing on motivation

Table 6.13 below presents the results from the analyses for the questionnaire subscale of motivation. As depicted in the table, the reliability testing was measured on the items that loaded as follows: four items loaded on the first factor, labelled “intrinsic motivation”; whilst four items loaded on the second factor, labelled “management support”.

Table 6.13 Reliability testing on the subscale motivation

Subscale	Constructs	Items	Items left out	Cronbach	Reliability
Motivation	Intrinsic motivation	D79, 80, 82, 81	None	0.79	Acceptable reliability
	Management support	D83, 85, 86, 87	None	0.62	Acceptable reliability

The Cronbach alpha coefficient of all the factors are greater than 0.6, which means that the items of the constructs were reliable. Thus, the results indicate internal consistency of motivation.

6.5 DESCRIPTIVE STATISTICS OF THE CONSTRUCTS

This subsection discussed the descriptive statistics of the eleven constructs (factors) that were found to be reliable.

6.5.1 Composite scores

The responses on the questionnaire ranged from a 1, strongly disagree to a 7, strongly agree. The composite construct scores for factors in the subscales were calculated by taking the average of the reliable items that loaded onto that factor. Histograms were used for showing distribution and descriptive statistics. Distribution was considered to be skew if the skewness value is outside the range of -1 and +1. Where the distribution was skew (skewness outside the range of -1 and +1), the median was used in interpretation of results.

6.5.1.1 Self-leadership subscale composite scores

The composite scores of each of the constructs for subscale self-leadership are discussed below:

Construct 1: Self-control (Items 17, 18, 19, 20, 21, 22)

Figure 6.3 below depicts the distribution of composite scores on the construct self-control. The composite scores for each respondent ranged from 3.2 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -1.56 and a mean of 6.38. Therefore, the median of 6.5 was used for interpretation. The median (6.5) is greater than the mean of 6.38, with a standard deviation of 0.61. This means that the respondents perceived themselves as possessing self-control, by strongly agreeing with this construct.

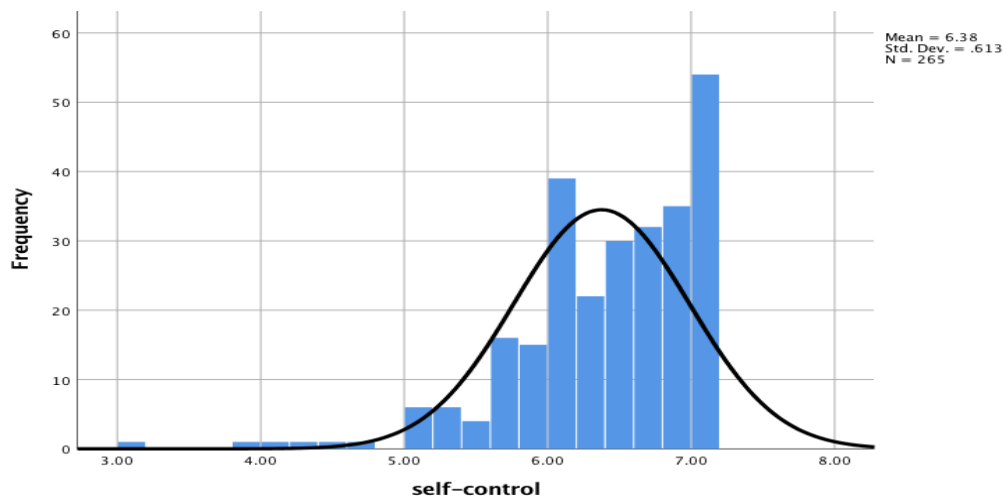


Figure 6.3 Distribution of composite scores for Construct 1: Self-control (n=265)

Construct 2: Goal-setting (Items B23, 24, 25, 26, 27)

Figure 6.4 below depicts the distribution of composite scores on the construct goal-setting. The composite scores for each respondent ranged from 2.6 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -1.29 and a mean of 6.16. Therefore, the median of 6.2 was used for interpretation. The median (6.2) is greater than the mean of 6.15, with a standard deviation of 0.71. This means that the respondents perceived that they engaged in goal-setting, by strongly agreeing with this construct.

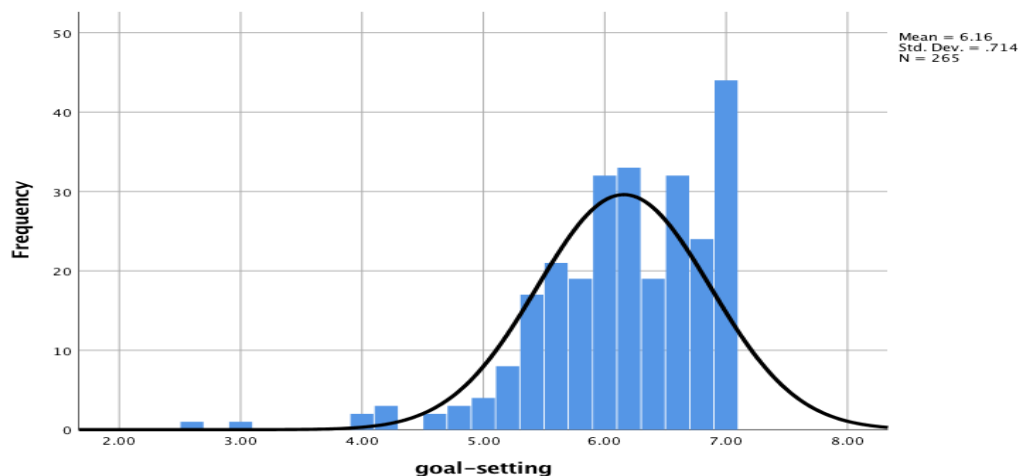


Figure 6.4 Distribution of composite scores for Construct 2: Goal-setting (n=265)

Construct 3: Positive self-talk (Items B28, 34, 38)

Figure 6.5 below depicts the distribution of composite scores on the construct positive self-talk. The composite scores for each respondent ranged from 3 to 7 (maximum score). On average, the respondent composite scores are at 5.95 (mean). The median (6) is greater than the mean of 5.95, with a standard deviation of 0.76. This means that the respondents perceived that they engaged in positive self-talk, by strongly agreeing with this construct.

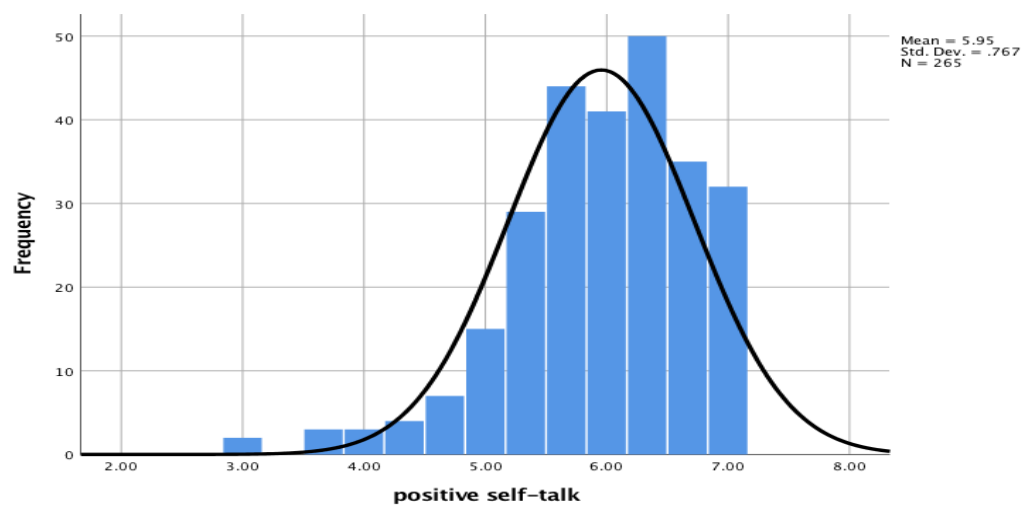


Figure 6.5 Distribution of composite scores for Construct 3: Positive self-talk (n=265)

Construct 4: Constructive thought patterns (Items B40, 33, 39)

Figure 6.6 below depicts the distribution of composite scores on the construct constructive thought patterns. The composite scores for each respondent ranged from 2.3 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -1.47 and a mean of 6.03. Therefore, the median (6.3) was used for interpretation. The median (6.3) is greater than the mean of 6.03, with a standard deviation of 0.91. This means that the respondents perceived that they engage in constructive thought patterns, by strongly agreeing with this construct.

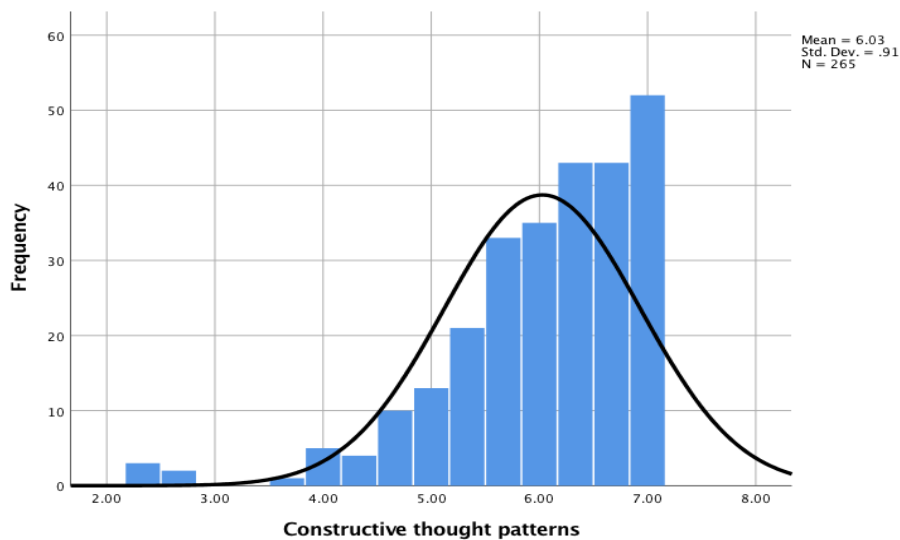


Figure 6.6 Distribution of composite scores for Construct 4: Constructive thought patterns (n=265)

Construct 5: Natural Reward (Items B35, 36, 37)

Figure 6.7 below depicts the distribution of composite scores on the construct natural reward. The composite scores for each respondent ranged from 4 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -1.80 and a mean of 6.59. Therefore, the median (7) was used for interpretation. The median (7) is greater than the mean of 6.59, with a standard deviation of 0.62. This means that the respondents are motivated to teach by natural reward, by strongly agreeing with this construct.

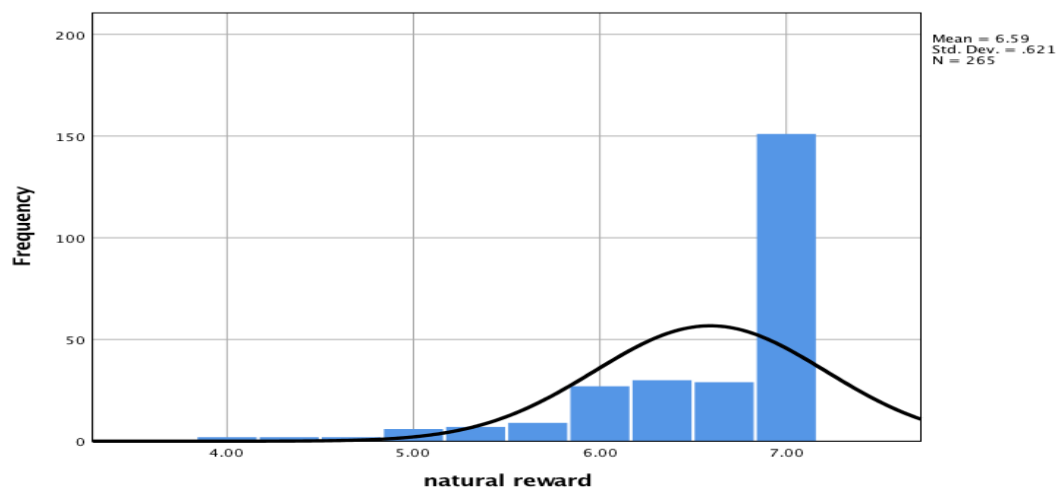


Figure 6.7 Distribution of composite scores for Construct 5: Natural reward (n=265)

6.5.1.1.1 Comparison of the constructs: subscale self-leadership

Table 6.14 below depicts a comparison of the minimum and maximum composite construct scores, their mean, median and standard deviation for the subscale self-leadership.

Table 6.14 Summary composite construct scores for subscale self-leadership

Construct	n	Minimum	Maximum	Mean	Median	Std Dev
Self-control	265	3.2	7	6.40	6.60	0.61
Goal setting	265	2.6	7	6.15	6.20	0.71
Positive self-talk	265	3.0	7	5.95	6.00	0.76
Constructive thought patterns	265	2.3	7	6.02	6.03	0.9
Natural reward	265	4.0	7	6.59	7.00	0.62

The comparison in Table 6.14 above indicates that the minimum construct score for all the constructs under the subscale self-leadership was for constructive thought patterns at 2.3; and the maximum construct score was 7 for all constructs. The construct that had the highest median was natural reward at 7, which means that of all the constructs in the subscale self-leadership, the respondents had a more positive perception for the construct natural reward. The lowest median in the subscales was positive self-talk at 6, meaning that this construct was less important for the respondents compared to the others.

6.5.1.2 Self-leadership activities subscale composite scores

The composite scores of each of the constructs for subscale self-leadership activities are discussed below:

Construct 1: Autonomy-supportive environment (Items C67, 69, 70, 71, 72, 75)

Figure 6.8 below depicts the distribution of composite scores on the construct autonomy-supportive environment. The composite scores for each respondent ranged from 3.3 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -2.28 and a mean of 6.54. Therefore, the median of 6.8 was used for interpretation. The median (6.8) is greater than the mean

of 6.54, with a standard deviation of 0.62. This means that the respondents perceived that self-leadership could be facilitated by an autonomy-supportive environment, by strongly agreeing with this construct.

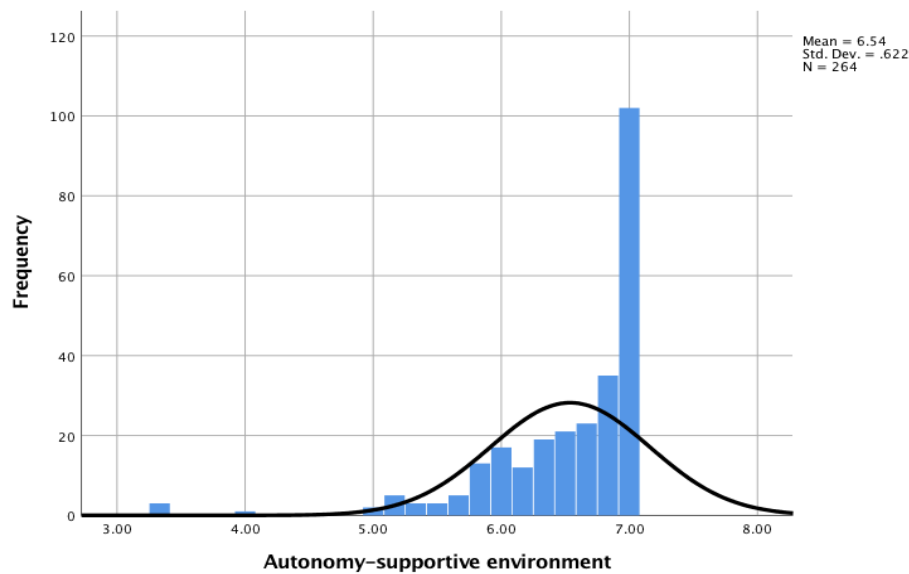


Figure 6.8 Distribution of composite scores for Construct 6: Autonomy-supportive environment (n=264)

Construct 2: Continuing professional development (Items C46, 47, 48, 50, 51, 60)

Figure 6.9 below depicts the distribution of composite scores on the construct continuing professional development. The composite scores for each respondent ranged from 2.3 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -1.85 and a mean of 6.36. Therefore, the median of 6.5 was used for interpretation. The median (6.5) is greater than the mean of 6.36, with a standard deviation of 0.659. This means that the respondents perceived that they should engage in continuing professional development because it was an intervention that would motivate them to engage in self-leadership, by strongly agreeing with this construct.

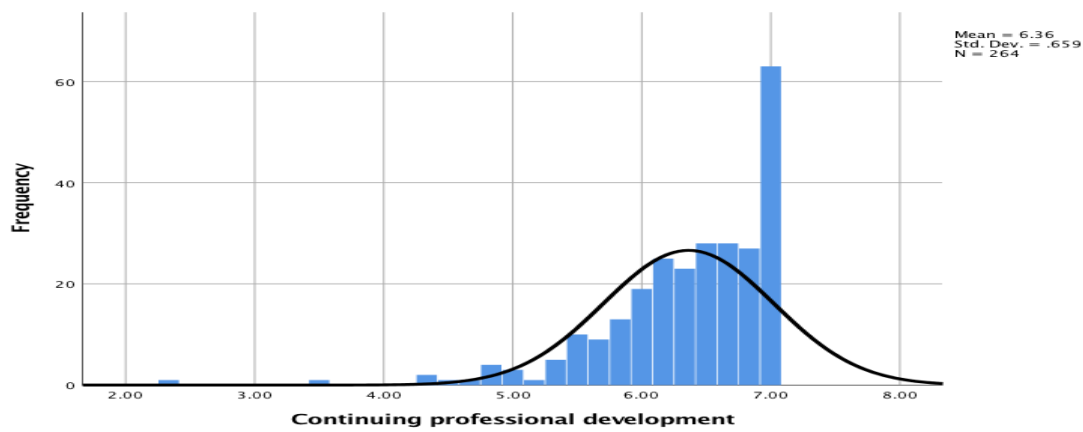


Figure 6.9 Distribution of composite scores for Construct 7: Continuing professional development (n=264)

Construct 3: Role modelling (Items C56, 59, 57, 55, 58, and 66)

Figure 6.10 below depicts the distribution of composite scores on the construct role modelling. The composite scores for each respondent ranged from 3.3 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -2.79 and a mean of 6.7. Therefore, the median of 6.8 was used for interpretation. The median (6.8) is greater than the mean of 6.7, with a standard deviation of 0.452. This means that the respondents perceived that role-modelling in the nursing education institution facilitated self-leadership, by strongly agreeing with this construct.

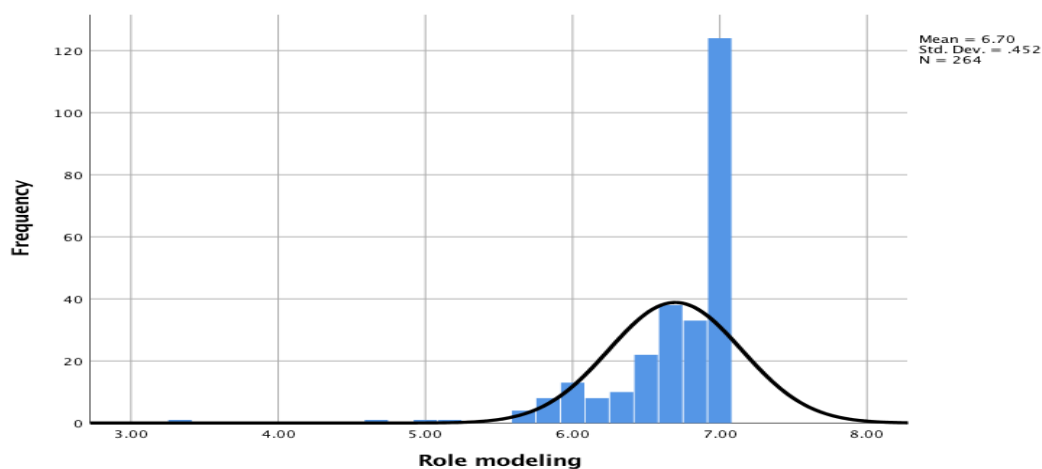


Figure 6.10 Distribution of composite scores for Construct 8: Role modelling (n=264)

Construct 4: Shared leadership (Items C61, 65, 53)

Figure 6.11 below depicts the distribution of composite scores on the construct shared leadership. The composite scores for each respondent ranged from 3 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -2.34 and a mean of 6.56. Therefore, the median of 6.6 was used for interpretation. The median (6.6) is greater than the mean of 6.56, with a standard deviation of 0.619. This means that the respondents perceived that self-leadership could be facilitated through shared leadership in the nursing education institutions, by strongly agreeing with this construct.

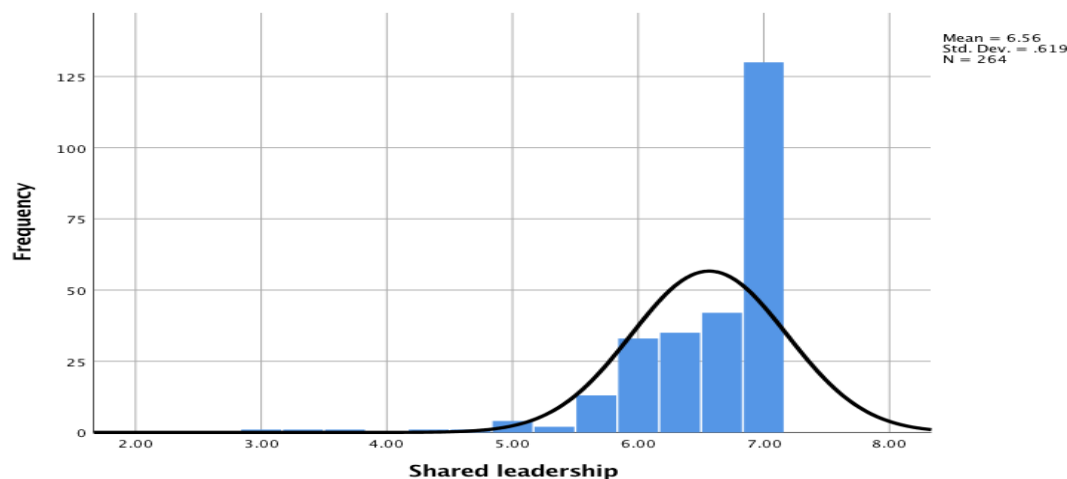


Figure 6.11 Distribution of composite scores for Construct 9: Shared leadership (n=264)

6.5.1.2.1 Comparison of the constructs: subscale self-leadership activities

Table 6.15 below depicts a comparison of the minimum and maximum composite construct scores, their average mean, median and standard deviation for the subscale self-leadership activities.

Table 6.15 Summary of construct composite scores for subscale self-leadership activities

Construct	N	Minimum	Maximum	Mean	Median	Std Dev
Autonomy-supportive environment	264	3.0	7	6.54	6.8	0.620
Continuing professional development	264	2.3	7	6.36	6.5	0.659
Shared leadership	264	3.0	7	6.56	6.6	0.619
Role modelling	264	3.3	7	6.69	6.8	0.450

The comparison in Table 6.15 above indicates that the minimum construct score for all the constructs under the subscale self-leadership activities was for continuing professional development at 2.3; and the maximum construct score was 7 for all constructs. Both autonomy-supportive environment and role modelling had the highest median at 6.8, which means that of all the constructs in the subscale self-leadership, the respondents had a more positive perception for the constructs autonomy-supportive environment and role modelling. The construct with the lowest median in the subscales was continuing professional development at 6.5, meaning that this construct was less important for the respondents compared to the others in this subscale.

6.5.1.3 Motivation subscale composite scores

The construct scores for factors in subscale motivation were calculated by taking the average of the items that loaded onto that factor for each respondent and it was reliable. The composite scores of each of the constructs for subscale motivation are discussed below:

Construct 1: Intrinsic motivation (Items D79, 80, 82, 81)

Figure 6.12 below depicts the distribution of composite scores on the construct intrinsic motivation. The composite scores for each respondent ranged from 3.5 to 7 (maximum score). The histogram shows a skewed distribution of composite scores to the left (negatively skewed), with a skewness value of -1.49 and a mean of 6.5. Therefore, the median of 6.75 was used for interpretation. The median (6.75) is greater than the mean of 6.5, with a standard deviation of 0.6. This means that the respondents perceived themselves as possessing intrinsic motivation, by strongly agreeing with this construct.

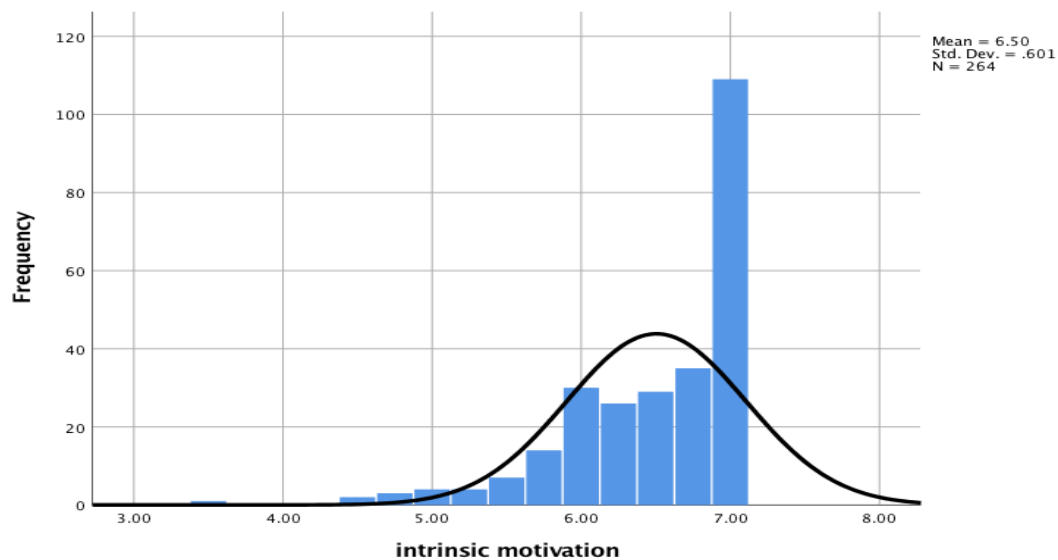


Figure 6.12 Distribution of composite scores for Construct 10: Intrinsic motivation (n=264)

Construct 2: Management support (D83, 85, 86, 87)

Figure 6.13 below depicts the distribution of composite scores on the construct management support. The composite scores for each respondent ranged from 1.5 to 7 (maximum score). On average, the respondent composite scores are at 5.51 (mean). The mean (5.51) is greater than the median of 5.5, with a standard deviation of 1.2. This means that the respondents perceived that there was a need for management support in the nursing education institution, by strongly agreeing with this construct.

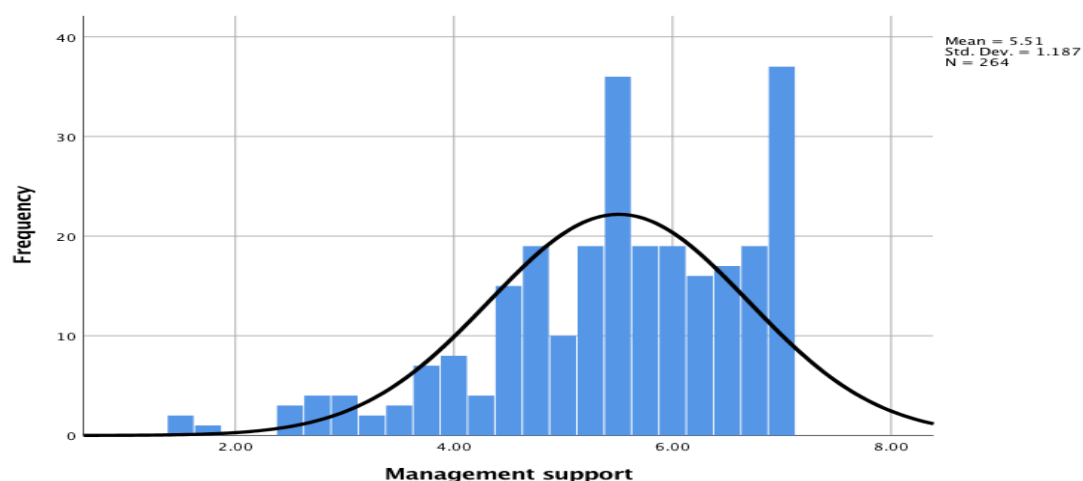


Figure 6.13 Distribution of composite scores for Construct 11: Management support (n=264)

6.5.1.3.1 Comparison of the constructs: subscale motivation

Table 6.16 below depicts a comparison of the minimum and maximum construct scores, their average mean, median and standard deviation for the subscale motivation.

Table 6.16 Summary composite scores for subscale motivation

Construct	N	Minimum	Maximum	Mean	Median	Std Dev
Intrinsic motivation	264	3.5	7	6.50	6.75	0.6
Management support	264	1.5	7	5.51	5.50	1.2

The comparison in Table 6.16 above indicates that the minimum construct score for all the constructs under the subscale motivation was for management support at 1.5; and the average maximum construct score was 7 for both the constructs. The construct that had the highest median was intrinsic motivation at 6.75, which means that of the two constructs in the subscale motivation, the respondents had a more positive perception for the construct intrinsic motivation compared to management support, with a median of 5.5. This means that the construct management support was less important for the respondents compared to intrinsic motivation.

6.5.2 Effect of respondents' biographical properties on the self-leadership constructs

This section discusses whether nurse educator perceptions of self-leadership are influenced by biographical properties. There is no consensus in literature regarding the effects of respondents' biographical properties on self-leadership constructs. A study by Bayansalduz, Afyon, Kepoglu, Dalli and Mulazimoglu (2014:501–502) revealed that there was a statistically significant difference in terms of years of experience and the perception of self-leadership practice in football coaches. Bayansalduz et al (2014:502) suggested that the self-leadership skills of football coaches developed over years as the coaches got older. However, Kazan (1999:148) found that there were no statistically significant differences between age of AmeriCorps members and self-leadership scores. Instead, Kazan (1999:152) suggested that self-leadership was more present in younger, less experienced individuals who are still establishing personal identity, building their careers and professional lives. Thus, the researcher sought to determine if nurse educators' years

of teaching experience had any statistically significant difference on the self-leadership constructs, before testing other biographical properties.

6.5.2.1 Years of teaching experience

The years of teaching experience (means) were compared in tables 6.16, 6.17 and 6.18. One of the assumptions of ANOVA is normality, where, since data is not normally distributed, the non-parametric Kruskal-Wallis test was done on ranks.

Table 6.17 below is a comparison of the years of experience categories for the subscale self-leadership.

Table 6.17 Comparison of years of teaching experience categories for the subscale self-leadership

Years of experience categories	Subscale	Mean	Median	Std Deviation	Statistical Significance test	P-value
0-5	Self-leadership	6.19	6.2	0.45	Kruskal-Wallis Test $\chi^2(4)=3.79$	P=0.43
6-10		6.29	6.32	0.47		
11-15		6.16	6.35	0.66		
16-20		6.25	6.42	0.64		
21+		6.23	6.25	0.46		

As depicted in Table 6.17, the medians of the years of experience range between 6.2 and 6.42, which indicates that there does not seem to be much of a difference between the medians of the categories. The Kruskal-Wallis test was conducted on the ranks for statistical significance, and showed that there were no statistical significance for differences in self-leadership between the teaching experience categories when using a 5% level of significance.

Table 6.18 below is a comparison of the years of experience categories for the subscale self-leadership activities.

Table 6.18 Comparison of years of teaching experience categories for the subscale self-leadership activities

Years of experience categories	Subscale	Mean	Median	Std Deviation	Statistical Significance test	P-value
0-5	Self-leadership activities	6.57	6.63	0.35	Kruskal-Wallis Test $\chi^2(4)=3.53$	P=0.4725
6-10		6.56	6.75	0.45		
11-15		6.51	6.71	0.60		
16-20		6.56	6.67	0.36		
21+		6.43	6.46	0.39		

As depicted in Table 6.18, the medians of the years of experience range between 6.46 and 6.75, which indicates that there does not seem to be much of a difference between the medians of the categories. The Kruskal-Wallis test was conducted on the ranks for statistical significance, and showed that there were no statistical significance for differences in self-leadership activities between the teaching experience categories when using a 5% level of significance.

Tables 6.19 and 6.20 below are a comparison of the years of experience categories for the subscale motivation.

Table 6.19 Comparison of years of teaching experience categories for the subscale motivation: Intrinsic motivation

Years of experience categories	Subscale	Mean	Median	Std Deviation	Statistical Significance test	P-value
0-5	Intrinsic motivation	6.52	6.75	0.56	Kruskal-Wallis Test $\chi^2(4)=1.35$	P=0.8520
6-10		6.45	6.5	0.58		
11-15		6.52	6.75	0.67		
16-20		6.51	6.75	0.59		
21+		6.56	6.75	0.56		

As depicted in Table 6.20, the median of the years of experience range between 6.5 and 6.75, which indicates that there does not seem to be much of a difference between medians of the categories. The Kruskal-Wallis test was conducted on the ranks for statistical significance, and showed that there were no statistical significance for

differences in intrinsic motivation between the teaching experience categories when using a 5% level of significance.

Table 6.20 Comparison of years of teaching experience categories for the subscale motivation: management support

Years of experience categories	Subscale	Mean	Median	Std Deviation	Statistical Significance test	P-value
0-5	Management support	5.54	5.5	1.12	Kruskal-Wallis Test $\chi^2(4) = 8.49$	P=0.0749
6-10		5.75	6	1.14		
11-15		5.53	5.5	1.05		
16-20		5.29	5.5	1.43		
21+		4.95	4.7	1.32		

As depicted in Table 6.20, the medians of the years of experience range between 4.7 and 6, which indicates that there does not seem to be much of a difference between medians of the categories. The Kruskal-Wallis test was conducted on the ranks for statistical significance, and showed that there were no statistical significance for differences in management support between the teaching experience categories when using a 5% level of significance. There were no statistical significance for differences in the subscales between the respondents' other biographical properties such as age, gender and additional qualification.

6.5.3 Open-ended items

The questionnaire had open-ended items in Section B on the self-leadership concept (item 33); and Section C on self-leadership related items (items 34-36), and self-leadership practices (activities) (items 67-69).

6.5.3.1 *The concept of self-leadership (Item 33)*

Section B of the questionnaire ended with an open-ended question on the description of the concept self-leadership (item 33). Most of the 265 respondents who responded to the question were familiar with the concept self-leadership as described in the literature, which is evident from their responses. The majority of the respondents (n=165; 62%) stated that self-leadership was the leadership of the self, whilst 95 (36%) stated the self-

Item 35 was on how respondents demonstrated role-modelling to students. When responding to this item, respondents indicated that they demonstrated role-modelling to students in the following ways: 120 (45%) by behaving and dressing in a professional manner at all times; 45 (17%) by respecting time and being punctual; 43 (16%) by showing respect to students; and 31 (6%) by adhering to the prescribed dress code.

Regarding item 36, respondents were requested to indicate how they demonstrated role modelling to their colleagues. Respondents indicated that they demonstrated role modelling to their colleagues in the following way: 61 (23%) by showing respect; 52 (19.6%) by maintaining professional relationships; 20 (7.5%) through good communication; and 19 (7%) by always being punctual all the times.

Shek, Ma, Liu and Siu (2015:344) assert that leaders' self-leading practice can generate role-model effects on followers, and that the followers' perceptions of their managers' role-modelling behaviours are positively associated with improved performance.

6.5.3.3 Self-leadership practices (activities) (Items 67; 68; 69)

The questionnaire had items 67, 68 and 69 as follow-up items with open-ended questions that explored certain self-leadership practices (activities) related aspects. In item 67, respondents were requested to justify why collaboration between nurse educators should be encouraged in a nursing education institution. Of the 206 that responded, 71 (34%) indicated that collaboration facilitated the sharing of ideas, experiences and best practices, leading to change in individuals' teaching practices. Forty (19%) respondents indicated that collaboration helped to improve relations and understanding amongst nurse educators, thus ensuring that nurse educators worked towards a shared common goal.

In the literature, the management of the educational institution is expected to encourage quality, well-structured and resourced collaboration in teams, in order to instructional improve the teaching performance of the educators, students' achievements and ultimately the institution (Ronfeldt, Farmer, McQueen & Grissom 2015:508). However, it is the responsibility of the individual nurse educator to seek out and take advantage of available collaborative resources in the institution (Ronfeldt et al 2015:509–510).

With regard to Item 68, respondents had to indicate examples of training programmes that stimulate their self-leadership. Of the 150 that responded, 121 (81%) respondents listed training programmes that are related to their continuing professional development needs for effective curriculum delivery, such as innovative teaching strategies, discipline-specific courses, update on clinical practice, research, and e-learning. Thirty-two (21%) respondents listed training programmes that are related to self-awareness and emotional intelligence such as time management, mentoring, project management, personal development, and self-leadership strategies.

In item 69, respondents were required to indicate which supervisor leadership styles could enhance the nurse educators' self-leadership. Respondents indicated their preferences of supervisor leadership styles as follows: democratic: 104 (52%); participative: 45 (23%); transformational: 44 (22%); situational: 18 (9%); and autocratic leadership: 16 (8%). Katewa and Heystek (2019:80,83) assert that the leaders that enhance the self-leadership of their educators are those that utilise the democratic and participative leadership styles, as these styles stress the inclusion of followers in consultation and decision-making, teamwork, and set good exemplary leadership to their educators by leading from the front. The leaders' transformational leadership enhances idea generation, exploratory thinking, creativity, and innovative ideas of educators (Al-Husseini, Beltagi & Moizer 2019:14–15). However, in literature, autocratic leadership was not the preferred leadership style, as this style does not promote consultation, and the decision-making resides with the leader, thus undermining educator motivation and performance (Fouché et al 2017:3).

In summary, the data from open-ended items indicated that most of the respondents understood the meaning of the concept of self-leadership and assisted in elucidating how certain aspects of self-leadership such as role modelling, collaboration and self-cuing (dealing with disturbances and distractions) could be applied in a nursing education institution context. In addition, preferred facilitative leadership styles and training programmes were described.

6.5.4 Additional comments

The respondents were given an opportunity to make any comments relating to the study. These comments were varied, and multiple. Of the 265 respondents, only 61 (23%) made comments. The following themes were identified: extrinsic motivation, need for autonomy, and self-leadership benefits.

With regard to extrinsic motivation, the respondents felt strongly that the institution should contribute towards the self-leadership of nurse educators. The following are some of the comments made:

“The fire in nurse educators gets extinguished when the college does not support them.”

“Self-leadership is both intrinsic and extrinsic, the institution should support nurse educators.”

However, some respondents were against extrinsic motivators. One of them said:

“Although managers have a role in motivating self-leadership, incentives should not be a motivational factor for improvement of performance as it increases extrinsic motivation.”

“My performance improvement cannot depend on incentives.”

Another respondent highlighted the role played by management on the self-leadership of nurse educators:

“Self-driven nurse educators lose encouragement because of non-recognition or being discriminated against by supervisors.”

Other respondents felt there was a relationship between self-leadership and autonomy. The respondents said the following:

“Institutional management should provide more opportunities for nurse educators to exercise decision-making skills.”

“Self-leadership and autonomy should be encouraged and supported. This would enhance the performance of institutions and the department.”

The respondents commended the researcher for conducting a study on self-leadership. They indicated that the study would benefit them:

“Excellent questionnaire, it is like it is based on my own institution. Also, it helped me to see where I lack and will be able to improve.”

“Great study, hope findings will formulate policies that would enhance PPE in nursing education to enable those who are passionate about nursing education to thrive as self-directed leaders.”

“This was very motivating and encouraging to me as a nurse educator to take my progress very seriously.”

In summary, respondents acknowledged the need for self-leadership practice in their daily activities. Whilst they believed self-leadership is a self-driven concept, they also strongly felt there was a role for the nursing education institution in the facilitation of their self-leadership (extrinsic) through the following: provision of support and equal treatment; being consulted in decision-making processes; acknowledgement and recognition of their success by managers, as well as provision of the necessary leadership and motivation for personal and professional development.

6.6 SUMMARY

In this chapter, the results of Phase 2 of the study were discussed. This phase was the quantitative phase, in which descriptive statistics were used to describe the results from the questionnaires completed by nurse educators. Tables, figures and cross-tabulation analysis were used to represent data on the demographic and background information of the respondents; as well their perception of their own self-leadership practices which were in the form of self-leadership constructs. The Cronbach alpha coefficient of the constructs fell within the region of between 0.6 and 0.8, which means acceptable reliability, and those above 0.8 means good reliability. Therefore, the results indicate internal consistency of the self-leadership constructs. In addition, open-ended questions and other related items supported the results.

In summary, the valid constructs of self-leadership are: self-control, goal-setting, positive self-talk, constructive thought patterns and natural reward; while the valid constructs of self-leadership activities are: autonomy-supportive environment, continuing professional development, role modelling and shared leadership. The valid constructs of motivation are: intrinsic motivation and management support. The respondents agreed the most on natural reward, intrinsic motivation, role-modelling and shared leadership with medians between 6.5 and 7, while the respondents agreed less with management support and positive self-talk with medians below 6. There were no statistically significant differences in opinion for the different levels of teaching experience.

Chapter 7 will discuss the integration of results from Phases 1 and 2, with supportive literature.

CHAPTER 7

DISCUSSION OF THE INTEGRATED DATA FROM PHASE 1 AND PHASE 2

7.1 INTRODUCTION

Integrating data in exploratory sequential mixed-methods design requires the researcher to employ building integration, which is a process whereby a researcher uses the results of one type of research to inform data collection procedures of the other, for example, based on qualitative findings, systematically develop an assessment instrument (Guetterman & Fetters 2018:903). In this study, data were obtained as follows: an integrative literature review was conducted in Phase 1, subphase 1, to understand the meaning of self-leadership in nurse educators. Thereafter, qualitative data were obtained from nurse educators at purposefully selected nursing education institutions in Phase 1, subphase 2. This data was then used as a foundation for collecting quantitative data from nurse educators at institutions that did not form part of the first phase, Phase 2. This chapter provides a discussion on the integrated findings of phases 1 and 2. Integration of the findings was done through merging and presenting a narrative discussion of the quantitative findings with related integrative literature review findings and qualitative themes in order to gain comprehensive insight into whether the integrative literature review, quantitative and qualitative results confirm, contradict, or relate. The integrated findings were used as evidence for developing and validating the guidelines to facilitate self-leadership in nurse educators.

The topics discussed below were the result of investigations into the meaning of self-leadership amongst nurse educators; how nurse educators perceived their own self-leadership; the self-leadership practices of nurse educators; motivational factors in self-leadership of nurse educators, and factors facilitating self-leadership in nurse educators. The data generated from the integrative literature review, focus group interviews, field notes, and the closed and open-ended questions in the questionnaire are discussed jointly. Since the emphasis of this study was qualitative in nature, the discussion will be presented mostly in a qualitative form. As both sets of data are integrated, the nurse

educators in both Phase 1 and Phase 2 were referred to as “participants” in the discussion.

7.2 THE CONCEPT OF SELF-LEADERSHIP IN NURSE EDUCATORS

The meaning of the concept self-leadership in nurse educators was sought so that it could be defined within a nursing education institution context, and so that role players involved in the facilitation (promotion) of self-leadership practice could be identified to ensure that nurse educators could be supported to engage in self-leadership. It was revealed that self-leadership is a broad concept, whose meaning could only be described through its dimensions, namely behaviour-focused strategies, natural reward (intrinsic motivation) strategies and constructive thought-pattern strategies. Due to the literature articles being drawn from contexts of different education professions, such as school teachers and university faculty that teach other subjects that are different from nursing, the meaning of self-leadership in a nursing education context could not be clearly elucidated (section 3.2.4.4). Thus, there was a need to further describe the concept: nurse educator self-leadership, and exploration of self-leadership practices from the nurse educators themselves through conducting interviews and surveys in order to get a comprehensive understanding of the concept (section 3.4).

Participants described self-leadership as an act of being intentionally aware of their own character, strengths and weaknesses, values, motivations, beliefs, feelings and emotions (section 4.3.1.1). Self-leadership in nurse educators was further described by participants as being able to motivate the self and others to achieve set goals, having self-control and self-disciplined, visionary, a goal-setter, a role model to peers and students, self-motivated, having intra- and interpersonal skills, initiative; being organised and knowledge seeker, reflective, accountable, and responsible for own actions (section 4.3.1.1). In section 6.5.3.1, the majority of the respondents (n=165; 62%) stated that self-leadership was the leadership of the self, whilst 95 (36%) stated the self-leadership was the ability to set achievable personal and professional goals, and 70 (26%) stated that self-leadership was the ability to motivate and influence self to achieve set goals. As many as 33 (12%) respondents indicated that self-leadership referred to being self-disciplined, and having self-control.

From the data sets, it is prudent that nurse educators intentionally place a lot of effort into knowing themselves better and how they interact with peers and students, as well as put a lot of energy into aligning and focusing their thoughts to their set goals, with the ultimate purpose of improving theirs as well as the students' performance. In addition, nurse educators need to intentionally identify and confront emotions that are disruptive to the teaching and learning process and their interpersonal relationship with peers and students.

According to Huxley (2019:135), showing an understanding of one's strengths and weaknesses and how these affect others is a good example of self-awareness and enables one to accept criticism and learn from it. In self-leadership, individuals are able to assess the appropriateness of existing standards, as well as set their own standards, thus having influence over what work to do, how to do it, and why to do it; and proactively plan ways to more automatically respond to negative environmental cues in a manner that supports long-term goal achievement (Stewart et al 2019:54).

Participants' understanding of self-leadership corresponds with the description of the concept in the literature. The participants contributed to the development of the meaning of self-leadership within a nursing education context, which is a phenomenon whose meaning and practice were previously not clearly elucidated but is clearly essential for improving nurse educators' performance and maintaining nursing education standards.

7.3 THE SELF-LEADERSHIP PRACTICES OF NURSE EDUCATORS

The literature describes the practice of self-leadership as engagement of the self in a variety of activities that are not only targeted at motivating the self, but also as an act of deliberately improving the environment such that it influences other team members to become motivated and committed to their work (Jooste et al 2015:8). The following are the self-leadership activities in which nurse educators engage, in a nursing education institution.

7.3.1 Self-reflection

Rupprecht, Falke, Kohls, Tamdjidi, Wittmann and Kersemaekers (2019:7) describe self-reflection as a self-leadership practice that is intrapersonal in nature and a form of self-

observation whereby an individual detaches him or herself from negative emotions from previous behaviour. The individual then reflects on how his or her emotional state and behaviour affect the reactions of colleagues and students, sets a new goals, and reappraises situations that were previously perceived as obstacles. One of the findings was that there was lack of self-leadership awareness amongst the educators and the leadership of institutions (section 3.2.4.3). Without self-awareness, educators will not be in a position to self-reflect and use their thought processes effectively in dealing with teaching and learning situations, which may involve interpersonal conflict (section 3.2.4.3). Thirty-two out of 150 (21%) participants identified self-awareness-related training programmes as the ones that could facilitate their self-leadership (section 6.5.3.3).

Participants described self-reflection as a way of introspecting and evaluating their actions during teaching to ascertain whether they were still in line with their personal values and goals on teaching (section 4.3.2.1.2). Participants acknowledged that self-reflection was a difficult task to perform, requiring one to look back, reflect and restructure what they were comfortable with, but worthy to partake in as one learnt from the activity of self-reflection (section 4.3.1.2.4). Nurse educators emphasised the need to be aware of one's strengths, demonstration of emotional maturity, and taking time to reflect and work on one's weaknesses, such as asking yourself why students could be performing poorly or not understanding what one has taught, without falling into the temptation of self-blame (section 4.3.1.1.6). Roland (2017:2985–2988) found that self-reflection on one's teaching practices was an intrinsic process that contributed to excellence in teaching, and improved educational outcomes as it encourages educators to regularly evaluate their approaches to teaching and learning, collaborate and co-construct learning with their students and colleagues.

The participants' recognition of emotional maturity as key to the learning and teaching process is significant, because teaching can be emotionally demanding and if thoughts, emotions and feelings are not observed and handled well, this can lead to unnecessary conflicts between nurse educators and their colleagues and students in the institution.

According to Huxley (2019:135), the following are areas that one has to work on during the process of self-reflection: one's personality and manner of learning, which lead to one's style of leadership, with an understanding of skills and weaknesses as they relate

to natural abilities, led by a moral compass. Thus, nurse educators need to take time and engage in self-reflection. This intentional act should lead to a point where the nurse educator reflects on how their work contributes to the improvement of student performance in the nursing education institution; and in turn ensuring nurse educators' accountability to their actions during teaching and learning.

7.3.2 Self-goal setting

Self-goal setting refers to when one becomes aware of causes of one's behaviour in order to change ineffective patterns by setting challenging goals for self (Manz 2015:135). Participants described self-leadership as being able to set clear personal and professional goals and develop action plans that are achievable (section 4.3.1.1.3). Self-goal setting was described as being aware of causes of behaviour and set goals to change ineffective patterns (section 3.2.5). In section 6.5.1.1, participants perceived that they engaged in goal-setting by strongly agreeing with the construct "goal-setting". Ninety-five (36%) of the participants indicated that self-leadership was the ability to set achievable personal and professional goals, and 70 (26%) stated that self-leadership was the ability to motivate and influence self to achieve set goals (section 6.5.3.1).

The nurse educators set goals and prioritise them according to importance, guided by the stage their careers, whether novice or experienced, but will require the nurse educators to be disciplined in order to achieve them. The goals that could be set by nurse educators ranged from short-term goals, such as preparing for lessons effectively so that one could teach with confidence; and effectively assessing students, attaining good communication skills when interacting with students and long-term goals such as attaining a doctoral degree (section 4.3.1.1.3). Pihl-Thingvad (2014:109) notes that although individual employees have both personal and professional needs, it is the need for personal development and self-realisation that commits and motivates employees in their daily work. In addition, individuals are likely to become more motivated when goals are difficult, but attainable, and when individuals feel capable of and worthy in reaching the goals (Jensen & Bro 2018:538).

7.3.3 Self-control

Duckworth, Taxer, Eskreis-Winkler, Galla and Gross (2019:374) define self-control as a self-initiated regulation of thoughts, feelings, and actions when one is faced with a choice between valued goals conflict and momentarily more gratifying goals. Participants perceived themselves as possessing self-control and as many as 33 (12%) of them indicated that self-leadership meant having self-discipline and self-control (section 6.5.3.1). Participants described the concept of self-leadership as being in possession of self-control or self-discipline, which was described as the strength to prioritise and focus on performing activities at the nursing education institution. They described the following as instances which could necessitate the utilisation of self-control by nurse educators: not able to control emotions; feeling the urge to throw tantrums when provoked by students in class; and feeling like shouting at students when they make noise during lessons (section 4.3.2.1.3). Other instances that may require self-control are when the office set up is an open plan office, which requires self-discipline as one shares space with others; and dealing with the urge to use cell phones as well as temptation to play games on the computer (section 4.3.1.1.1).

According to Huxley (2019:133), without self-discipline or self-control one becomes subservient to external negative influences; desensitised to committing of self-destructive unethical acts and mannerisms; and will increasingly have lesser awareness of severity to larger acts. Therefore, practicing self-control needs to be encouraged so that nurse educators can overcome feelings, thoughts, and actions that may not be beneficial to the teaching and learning process.

7.3.4 Self-development

Participants identified self-development as one of the self-leadership practices wherein nurse educators engaged in an internally driven process of taking initiatives to develop themselves, which required more effort from the individual nurse educator rather than the institution within which they work (section 4.3.2.1.1). Of the 150 participants that respondent to this item, 121 (81%) of them believed that they should engage in continuing professional development as an act of self-leadership (section 6.5.3.3). Continuing professional development was described as an activity that gave nurse educators new

knowledge and skills, resulting in them having the confidence and motivation required during teaching (section 4.3.4.1.1).

Nurse educators viewed continuing professional development as an intervention that could motivate nurse educators to engage in self-leadership self-development activity (section 6.5.1.2). In order for nurse educators to update their skills that bring meaningful improvement to student performance, they need to attend workshops, local and international conferences, and pursue further training related to the subjects they teach or area of interest (section 4.3.4.1.1).

Although the participants indicated that the institution had a role in ensuring that nurse educators are well equipped with up-to-date information, they were under no illusions that self-development was the sole responsibility of the nursing education institution (section 4.3.2.1.1). They indicated that nurse educators ought to introspect and identify their own learning needs based on their weaknesses and strengths, as well as current and future health and education trends (section 4.3.2.1.1). Gil, Carrillo and Fonseca-Pedrero (2019:21) found that the institution has a role to play in supporting educators to keep up with the pace of contemporary changes by becoming a continuing learning organisation that makes learning a lifelong action strategy, so that all staff get involved in learning to advance change and innovation, and the newly acquired knowledge can be used to improve student performance.

Thus, nurse educators ought to develop a self-determined development plan based on their needs, which involves exploring the possible future skills and knowledge requirements in their areas of work, determine implications for training, investigate opportunities for development, and sets development goals.

7.3.5 Role modelling

Role modelling refers to when a leader consciously chooses to embody and articulate the vision and values of the organisation in such a way that they motivate others and provide a sense of direction to others in the organisation (Pearce, Wassenaar, Berson & Tuval-Mashiach 2019:[4]). Role modelling needs to be intentional, and requires the role model to be consciously aware of the importance of being a role model and behave professionally at all time (Jack et al 2017:4712). Such is the significance of role modelling

in nursing education that 'being a role model' was not only identified as part of the meaning of the concept self-leadership amongst nurse educators (section 4.3.1.1.4), but it was also identified as one of the self-leadership activities by the nurse educators (section 4.3.2.2.1). In section 6.5.1.2, participants perceived role-modelling as a facilitator of self-leadership in a nursing education institution.

Participants hinted that they demonstrated role modelling to their colleagues and students by conducting themselves in a manner that was perceived as ideal and representative of good behaviour, values and image of the nursing profession, and as leaders who provided a positive outlook for others to emulate (section 4.3.2.2.1). Participants indicated that they demonstrated role modelling to students in the following ways: 120 (45%) by behaving and dressing in a professional manner at all times; 45 (17%) by respecting time and being punctual; 43 (16%) by showing respect to students; and 31 (6%) by adhering to the prescribed dress code. With regard to role modelling their colleagues, participants indicated that they demonstrated role modelling in the following way: 61 (23%) by showing respect; 52 (19.6%) by maintaining professional relationships; 20 (7.5%) through good communication; and 19 (7%) by always being punctual all the times (section 6.5.3.2).

With regard to demonstration of role modelling to students, Jack et al (2017:4708–4709) found that students value positive role models, who demonstrate a sound clinical knowledge base or clinical competence, ability to facilitate effective learning, and possess the ability to relate to students on an interpersonal level. The clinical competence aspect is significant, because nursing education is facilitated in both the nursing education institution and the clinical facilities. It is therefore necessary that the clinical nurses also be positive role models, who can provide the support for student nurses to acquire the necessary skills, knowledge, and attitudes that they will require when they become qualified nurses.

It was also revealed that when designated managers in an educational institution demonstrated role modelling, this action inadvertently facilitated self-leadership in educators (section 3.2.4.3.1). Shek et al (2015:344) found that the leaders' self-leading practice generated role-model effects on followers, and in turn, encouraged their development. Shek et al (2015:344) further assert that the nurturing of self-leaders among subordinates is the leader's role-modelling practice, as followers' perceptions of their managers' role-modelling behaviours are positively associated with their trust in the

managers, and also improved their performance. This is also supported by Stewart et al (2019:58), who posited that one method of facilitating self-leadership is the provision of role-models, however, they warn that many leaders may not know how to lead in a way that facilitates self-leadership. This clearly means that not all leaders are role models, let alone practice self-leadership. Therefore, there is a need for managers in nursing education institutions to learn about how they could provide self-leadership and provide self-leadership opportunities for followers who may have less skill and ability in technical areas, as well as self-leadership itself.

7.3.6 Collaboration

Stewart et al (2019:55) assert that any single person will experience limitations in terms of knowledge, experience, and overall capabilities, and therefore may have suboptimal resources required for the execution of their job tasks. However, if an individual engages in collaboration in a task or project, one is exposed to access to a variety of expertise, support and cooperation from colleagues (Manz 2015:141).

Participants were requested to justify why collaboration between nurse educators should be encouraged in a nursing education institution. Of the 206 that responded, 71 (34%) indicated that collaboration facilitated the sharing of ideas, experiences and best practices, leading to change in individuals' teaching practices. Forty (19%) participants indicated that collaboration helped to improve relations and understanding amongst nurse educators, thus ensuring that nurse educators worked towards a shared common goal (section 6.5.3.3). It was for this reason that participants indicated that nurse educators ought to be proactive, and solicit feedback on their performance from significant others in the nursing education institution (sections 4.3.3.1.2, 4.3.3.2.1 and 4.3.3.2.2). The act of seeking feedback from peers or colleagues is a sign of eagerness to understand one's strengths and self-growth in the taught subject or area of practice, and leads to the nurse educator becoming motivated and focused to improve their performance.

Chenault (2017:n.p.) found that collaboration amongst educators involved critiquing and analysing colleagues' practices in activities that are seen in academia as deeply personal and attached to the self, for example research, course material development, lesson plans, and instructional style. An example of collaboration through taking on a leadership role is performing the duties of designated or formal leaders, such as academic head of

department and principal, when they were engaged elsewhere outside of the institution, and still executing tasks successfully, without being asked or reminded (section 4.3.2.2.3). However, for collaboration to be effective in an education institution, there should be a common vision and values in the institution (section 3.2.4.3.3), and the designated leaders have a role in facilitating collaboration by role modelling teamwork and inspiring nurse educators to work together towards a common goal (section 3.2.4.3.3).

When there is a common vision, educators can positively identify with the institution, they will be encouraged to think creatively, and feel stimulated to share and compare their innovative ideas with top management and colleagues, which in turn benefits students (section 3.2.4.3.1). Areas of collaboration include effective teaching and learning, understanding subject content, teaching methods, learning activities and assessments (section 4.3.2.2.2).

From the data sets above, it is evident that formal or designated leaders in a nursing education institution ought to communicate the vision and direction of the institution and strive to inspire nurse educators and stimulate collaboration in teams. In addition, the institution should deliberately plan to replace hierarchical forms of leadership and its deep-rooted power structures, for the purpose of encouraging nurse educators to take leadership roles. An example of this would be to rotate nurse educators to deputise and perform some activities of the head of department under supervision (section 4.3.2.2.3). Taking such a courageous and deliberate step would require that nurse educators get supported and mentored during this period (section 4.3.2.2.3). Managers would also need to change their mindsets on the sharing of leadership.

7.4 MOTIVATIONAL FACTORS IN SELF-LEADERSHIP

Stewart et al (2019:51) assert that self-leadership is driven by two motivational forces, namely external forces that influence the practicing of leadership, such as the empowering leader in an institution; and internal forces that originate from the individual self, who ultimately controls the actions taken by him or herself in a particular context.

Participants identified the factors that influence and affect their motivation to engage in self-leadership activities in a nursing education institution as internal (intrinsic) and

external (extrinsic) motivating factors (section 4.3.3.1). However, participants had a more positive perception for intrinsic factors (median=7.75) when compared to extrinsic factors, such as management support (median=5.5), meaning that extrinsic support was less important for the participants when compared to intrinsic factors (section 6.5.1.3).

7.4.1 Intrinsic factors

A study by Ryan and Deci (in Locke & Schattke 2018:5–6) described intrinsic motivation as the tendency to seek out novelty and challenges in order to extend and exercise one's capacities, to explore and to learn. Participants were described as intrinsically motivated when they engaged in a teaching task or activity primarily for its inherent rewarding aspects (natural reward), resulting in feelings of increased competence, self-control and purpose (section 3.2.5). Participants experienced feelings of satisfaction after sacrificing their weekend-off time in order to engage in activities aimed at improving student performance, without the expectation of any form of rewards from the institution, for example, providing extra classes to poor-performing students over the weekend (section 4.3.1.2.1). In the subscale Motivation, the construct that had the highest median was intrinsic motivation at 6.75, which means that of the two constructs in the subscale motivation, the respondents had a more positive perception for the construct intrinsic motivation when compared to management support, with a median of 5.5. Participants had a positive inner drive or passion to achieve more success in their teaching careers, and wanted to pursue more success, propelled by the deep interest in their own work, for example, pursuing further academic studies, and taking action after making mistakes in order to improve their shortcomings (section 4.3.3.1.1).

7.4.2 Extrinsic factors

According to Jensen and Bro (2018:537), extrinsic motivation refers to when an activity is performed because of an external consequence or incentives, such as implied approval or tangible rewards. Other than being intrinsically motivated, participants also described their motivation as emanating from the influence generated by actions of others within their professional cycles, such as their peers and students (section 4.3.3.1.2). Examples of these external motivating activities was when participants felt motivated when expecting recognition for excellence by their peers and management, and when they felt motivated after their students achieved success during their training. This is also an

indication that the nursing education institution managers play a role in motivating nurse educators to engage in self-leadership activities. In section 6.5.1.3, the participants perceived that there was a need for management support in the nursing education institution, by agreeing to the construct management support.

However, external motivation is not the preferred form of motivation, because as Marques (2019:19) asserts, incentives that are extrinsic in nature, such as those expressed in monetary and other external terms, do not promote self-leadership. Although intrinsic motivation is the ideal motivation for the facilitation self-leadership, Deci et al (2017:36) assert that extrinsic motivators such as monetary rewards are less likely to be harmful if they are implemented in an autonomy-supportive social context. The participants perceived that an autonomy-supportive environment could facilitate self-leadership, by strongly agreeing with this construct (section 6.5.1.2). Innovative and creative behaviours were found to be some of the benefits for educators who engaged in self-leadership (section 3.2.4.3.1). When participants were given the opportunity to give inputs in meetings at the institution, they felt valued and treated as equals. By way of contrast, when participants were not included in giving input during decision-making processes, they felt underestimated and unsupported (section 4.3.4.2.3).

An example of a situation in which nurse educators could be supported to take risks is undertaking creative research projects, which are transformative in nature (section 4.3.3.1.2) and introducing new teaching strategies (section 3.2.5). Bin Saeed, Afsar, Shahjehan and Imaad Shah (2019:259) found that innovative work behaviour was about risk-taking, and making mistakes, as it is inherently oriented around uncertainty, indistinctness, and ambiguity and there is no guarantee that the new innovative ideas and creative solutions would deliver what they are expected to achieve. Thus, engagement in challenging academic activities that combine intrinsic joy, fascination and interest with peer recognition and career advancement could facilitate self-leadership in nurse educators (section 4.3.3.1.2).

7.5 FACTORS FACILITATING OF SELF-LEADERSHIP IN NURSE EDUCATORS

Although self-leadership is an individually enacted and facilitated process, certain aspects of self-leadership are difficult to maintain over time, but can be aided by external support such as empowering leaders and aligned incentives (Stewart et al 2019:52, 61).

The factors that were found to be facilitators of self-leadership are the leadership of the designated leaders, such as transformational leadership, shared leadership, collaborative leadership, role modelling; and professional development of educators through training in transformational leader behaviours, and training in self-leadership strategies (section 3.2.4.3.3). Participants also indicated that self-leadership could be facilitated by the individual nurse educators themselves through taking initiatives for self-leadership training; mentoring; succession planning; and management support (sections 3.2.4.3, 4.3.4.2.1 and 4.3.4.2.2).

7.5.1 Self-leadership training

One of the salient external forces that influence individual self-leadership practice, and ultimately improve performance is self-leadership training (Stewart, Courtright & Manz 2011:204–205). Educators can be trained on self-leadership agility, so that they can modify their negative emotions and impulses to improve interpersonal skills during personal and professional interactions (Thompson & Miller 2018:94–95).

The leadership training should not only be aimed at the educators, but should also be targeted at managers as well, because many leaders do not know how to lead in a way that facilitates self-leadership (Mayfield et al 2017:19; Stewart et al 2019:58). Participants indicated that self-leadership could be stimulated through attendance of self-leadership programmes and initiatives (section 4.3.4.1). Of the 150 participants that responded to the request to indicate examples of training programmes that stimulate their self-leadership, 121 (81%) respondents listed training programmes that are related to their continuing professional development needs for effective curriculum delivery, such as innovative teaching strategies, discipline-specific courses, update on clinical practice, research, and e-learning. Thirty-two (21%) participants listed training programmes that are related to self-awareness and emotional intelligence, such as time management, mentoring, project management, personal development and self-leadership strategies.

Other suggested programmes could facilitate self-leadership in educators were those that focused on training in transformational behaviours and self-leadership strategies (section 3.2.4.3.3). A training programme in transformational leader behaviours would focus on articulating of a vision, high performance expectations, individualised consideration, and intellectual stimulation (Marshall et al 2012:707).

A study on self-leadership training by Marques-Quinteiro et al (2019:95) confirmed that self-leadership can be “learned and practised by individuals in the workplace” and that self-leadership training on the three self-leadership constructs, namely: behaviour-focused strategies; constructive thought pattern strategies; and natural reward strategies, was positively related with employees’ performance and job satisfaction over time. Arista and Parahyanti (2017:551) found the self-leadership training that has significant impact on the perception and learning process of self-leadership and innovative work behaviour to be one that includes the three dimensions of self-leadership, namely: behaviour-focused strategies, thought pattern strategies, and natural reward strategies. Such a training programme can incorporate self-leadership strategies in tandem with the three motivational language dimensions of meaning-making, empathetic, and direction-giving language, so that the training can have the strongest impact on job performance (Mayfield et al 2017:19).

Participants also pointed out continuing professional development for effective curriculum delivery, and programmes that are related to self-awareness and emotional intelligence, as examples of training programmes that would facilitate self-leadership (section 6.5.3.3). Al-Husseini et al (2019:14) found that involvement in activities such as curriculum development, training programmes, research-related projects, and embracing new technological advances stimulated self-leadership, as these activities naturally demand educators to be innovative.

Other authors such as Rupprecht et al (2019:1) report that self-leadership could be facilitated through mindful training. Mindfulness is a state of purposefully paying attention in order to realise the present moment, without being judgemental or reactive to a situation, and being able to cope with various stressful situations related to one’s work (Rupprecht et al 2019:1081; Ardiati 2019:111). According to Ardiati (2019:111), mindfulness is accomplished through listening attentively; acceptance of others without

judgement; awareness of the emotional state of the self and of the other; self-regulation in the relationship with others; and improving the quality of relationships with others.

7.5.2 Management and peer support

Participants indicated that self-leadership could be facilitated through the provision of management and peer support in the following situations: recognising of achievements; when nurse educators went through difficult emotional and psychological times at the institution; and provision of teaching and learning equipment and materials in class and in clinical areas (sections 4.3.3.2.2 and 4.3.3.2.3). Although participants felt that management support could facilitate their self-leadership, the management support construct (median=5.5) was perceived to be less important than intrinsic motivation construct (median=6.75) (section 6.5.1.3). This finding could be attributed to the fact that self-leaders do not rely on their colleagues or managers to do their jobs, or alter a certain aspect of their performance, but rather, they depend on their own internal motivation to execute tasks effectively.

The other areas of support expected of management were facilitating an environment wherein the participants would feel respected, treated fairly and equally, and given guidance when they were delegated challenging activities (section 4.3.3.2.2). Participants also hinted at experiencing professional jealousy amongst nurse educators, especially with regard to those pursuing or who have attained doctoral degrees, which forced them to work in isolation from others. The participants also talked about the prevalence of cliques made-up of managers and nurse educators, which peddled divisions and gossip within the institutions (section 4.3.3.2.3). Instead of promoting divisions amongst staff, all faculty members and managers have a duty to role model a unified message regarding fairness and justice, including the availability of resources in educational and workplace settings (Smith & Gayles 2018:16–17).

Ben-Hur and Kinley (2016:2) posit that it is the managers' role to establish a positive work climate for the team's work. They further posit that it is the managers' duty to be accustomed to their team's everyday activities and progress, intervene by removing barriers, and clarify goals in response to any events experienced by individuals or teams to encourage a sense of progress, thus boosting the team's intrinsic motivation and improving performance. Kock, Mayfield, Mayfield, Sexton and De La Garza (2019:219)

expect managers to corroborate the work experiences of their followers, show concern for a follower's emotional expressions, affirm a follower's workplace security and provide relevant emotional support. This empathy from the leader puts the leaders in the follower's shoes to promote bonding with the follower and create a sense of psychological safety and support for the follower, increase job satisfaction, motivation, and increased workplace effort (Kock et al 2019:219).

In addition, Stewart et al (2019:60) assert that external supportive intervention such as wellness programmes are likely to provide a means for helping employees develop good health habits that in turn increase self-leadership capacity.

7.5.3 Management leadership style

Participants responded in the following manner when responding to which leadership style used by their supervisor could enhance their self-leadership if their supervisors: democratic: 104 (52%); participative: 45 (23%); transformational: 44 (22%); situational: 18 (9%); and autocratic leadership: 16 (8%) (section 6.5.3.3). The democratic leadership may have received more preference from the participants because democratic leaders engage in group decision-making, with active member involvement, honest praise and criticism, and a degree of comradeship, resulting in more satisfied group members (Hassan, Asad & Hoshino 2016:133).

A low percentage (8%) of participants preferred an autocratic leadership style as a self-leadership facilitative leadership style. In literature, an autocratic leadership style is not preferred because in it there is no consultation, and decision-making resides with the leader, thus undermining educator motivation and performance, and contributing towards educators feeling disengaged and having a sense of meaninglessness, ultimately inducing stress and burnout (Fouché et al 2017:3; Stirling 2016:17). Thus, this finding is a worthy of further research exploration.

Participants strongly agreed that there should be shared leadership in a nursing education institution (section 6.5.1.2). Shared leadership was found to be necessary for stimulating innovative behaviours, and for the facilitation of self-leadership, whilst rigid structures that rely on formal position roles were found to be undesirable, as they constrain academics from leading (section 3.2.4.3.2). For this to occur, there should be a conscious plan to

replace entrenched bureaucratic practices, hierarchies, and power structures with arrangements that include flexible, emergent influence among staff (Stewart et al 2019:61).

In this regard, the participants indicated that the nursing education institution could facilitate self-leadership through removal of rigid bureaucratic leadership systems and autocratic leadership styles (section 6.5.3.3). The participants viewed a participative leadership style as supportive, and as one that would facilitate their self-leadership through involvement in decision-making because nurse educators get to be consulted in decision-making processes, are treated as equals and are given the platform to participate and verbalise their views in the institution (4.3.4.2.3). An example of a flexible system is the participatory management system which makes employees to feel psychologically empowered, as the environment encourages employees to talk freely, collaborate in best practices and good experiences, feel free to share failures and information that they deem sensitive, and various challenges that they encounter at the workplace with their supervisors (Bin Saeed et al 2019:277).

Other than shared leadership, the leadership styles of designated leaders that were found to be facilitative of the self-leadership of educators were transformational leadership (section 3.2.4.3.3). Transformational leadership style can “lift the heart and engage the soul” to inspire and motivate employees to solve current problems, challenge the status-quo, propose out of the box solution for existing issues; to handle complicated, risky and uncertain situations; to accomplish difficult, ill-defined, and ill-organised objectives; and to develop themselves to a higher level of competence (Bin Saeed et al 2019:260–264).

7.5.4 Mentoring

According to Ganesh, López-Cabarcos and Vázquez-Rodríguez (2019:[4], [13]), mentoring is process through which the older experienced individual acts as a guide, counsellor and a friend to a younger or inexperienced individual, with the ultimate objective of creating an independent, confident, self-reliant educator, who is a self-leader. However, for the mentoring relationship to be successful, the mentee should take responsibility for their own development; and be honest and reflective about his or her need for growth (Goodyear & Goodyear 2018:50).

Participants indicated that the nursing education institution can facilitate self-leadership through providing mentors to new nurse educators (section 4.3.4.2.1). The participants indicated that the mentoring of new nurse educators needs to be structured in order to provide guidance and encourage “taking of nurse educators by hand” with the aim of developing and stimulating their teaching abilities and get the best out of new nurse educators (section 4.3.4.2.1). Thirty-two out of 150 participants (21%) listed mentoring programmes as an important aspect in the stimulation of self-leadership (section 6.5.3.3).

In the absence of designated mentors, nurse educators should take initiative and find resources to read, research, and observe colleagues in order to develop the necessary teaching skills (section 3.2.4.3.1). The phenomenon whereby individuals take the responsibility and self-initiative to mobilise resources to develop in their areas of practice is known as self-mentoring (Holmes & Carr 2017:5). This concept locates mentoring as a self-initiated, and intrinsic activity falling under the responsibility of the nurse educator, such that the nurse educator does not have to wait for external influence from the institution to take initiative of mentoring. This, however, does not mean that the nurse educators should not receive mentoring support, nor does it mean that nurse educators are mentoring themselves. The new nurse educator, for instance, can demand mentorship if it is not forthcoming (section 4.3.4.2.1).

Gordon and Melrose (2011:15–16) found that traditional mentoring programmes were floundering due to limited availability of time, as well as financial and human resources such as suitable mentors, and they recommend that nurses self-reflect and identify innovative and creative ways to utilise self-mentoring as an alternative. The following are examples of self-mentoring activities in which nurse educators may engage: subscribing to journals to enable to access to relevant research articles; participation in special interest committees within the institution; attending conferences or join social networking sites that focus on their specialisation or areas of interest; taking advantage of electronic learning opportunities that relate to areas of interest; identifying opportunities to obtain meaningful feedback; recognising and utilising available resources to meet one's learning objectives; and engaging in collegial discussions that inspire collaborative learning (Gordon & Melrose 2011:15–18).

Participants suggested one of the self-leadership facilitative strategies that is delivered through mentoring is succession planning (section 4.3.4.2.2). Participants described the

practice of succession planning in the institution as a strategy that would empower them to be self-leaders, who would be able to lead the institution in the future (section 4.3.4.2.2). Such is the importance of succession planning, that the item on succession planning loaded on the factor shared leadership under the subscale self-leadership activities (sections 6.3.2 and 6.4.2). Although succession planning is often considered to focus solely on executive-level leaders, authors such as Barton (2019:39, 42) assert that such planning ought to move beyond management ranks and focus attention on the multiple layers and departments throughout the organisation include professional, technical, clerical, and production ranks. Thus, this approach would allow for a richer and more targeted on the job learning opportunities for young nurse educators, whose leadership may otherwise go unseen in the institution. In the literature, active mentoring and coaching are the preferred methods of facilitating succession planning (Barton 2019:42; Wilson 2018:205). Barton (2019:42–43) further advises that in order for succession planning to be successful to the extent that it leads to the retention of necessary talent for the development of future leaders in the organisation, the planning should be clear, transparent, and formalised, such that it might be replicable and trusted by all stakeholders within the organisation. The preferred methods of succession planning, as highlighted in literature, are active mentoring and coaching (Barton 2019:42; Wilson 2018:205).

Thus, succession planning facilitates self-leadership to the identified individuals through perceived organisational support; and value congruence, wherein individuals feel that their personal values are consistent with that of the organisation, leading to them investing in the organisation's goals and feeling highly engaged, which leads to improved performance in their work (El Badawy, Alaadin & Magdy 2016:6–7).

7.6 SUMMARY

Chapter 7 presented a discussion on the integration of the integrative literature review (Phase 1, subphase 1), qualitative data (Phase 1, subphase 2) obtained from the focus groups conducted with nurse educators from purposefully-selected nursing education institutions, and the quantitative data (Phase 2) obtained from nurse educators from nursing education institutions that were not part of Phase 1. Findings were supported with reference to the literature where applicable.

In this chapter, the meaning of self-leadership in a nursing education context was further described. The nurse educator self-leadership practices in a nursing education institution setting included self-reflection, self-control, self-goal setting, self-development, role modelling, and collaboration. It was also established that there were internal and external factors that influence and affect the nurse educators' motivation to engage in self-leadership activities. There was recognition that other than individual initiatives, there were certain external interventions that could facilitate the self-leadership in nurse educators such as self-leadership training, management support and leadership style, and mentoring. In the next chapter, Chapter 8, this evidence is discussed in the form of guidelines, which propose interventions that could help to strengthen the facilitation of self-leadership in nurse educators.

CHAPTER 8

DISCUSSION ON THE DEVELOPMENT AND VALIDATION OF GUIDELINES TO FACILITATE SELF-LEADERSHIP WITHIN NURSE EDUCATORS

8.1 INTRODUCTION

Chapter 8 addresses the process followed in developing and validating the guidelines for the facilitation of self-leadership in nurse educators. This process involved the following steps: preliminary guideline development; validation by field experts; and compilation of the final guidelines. The development of the guidelines was based on the findings of Phase 1, subphase 1 (integrative literature review), Phase 1, subphase 2 (qualitative data), and Phase 2 (quantitative data) and supportive literature, as discussed in Chapter 7. The proposed preliminary guidelines were sent to field experts with set timelines for validation, using a set criteria. A final step was when the researcher evaluated the field experts' comments and suggestions, for consideration for incorporation into the final guidelines.

8.2 DEVELOPMENT OF THE PRELIMINARY GUIDELINES

Logical reasoning was applied in the process of developing the guidelines. Deductive reasoning involves reasoning from the general to the specific. Inductive reasoning involves reasoning from the specific to the general (Gray et al 2017:7). Both deductive and inductive reasoning were used during the process of developing the guidelines. Evidence from the literature, as well as qualitative and quantitative data, was used to reach concluding statements. From the specific concluding statements, guidelines were proposed to address these statements. These proposed preliminary guidelines (Annexure J) were sent to field experts in guideline development, nursing education, nursing management, and leadership, to validate and make suggestions for improvement. A detailed discussion of the process of guideline development was provided in Chapter 2.

8.3 VALIDATION OF THE PRELIMINARY GUIDELINES

After the purposively selected field experts in guideline development, nursing education management and leadership, and nursing education agreed to validate the preliminary guidelines, they were provided with a soft copy of the proposed preliminary guidelines (Annexure J); a letter explaining the validation process (Annexure K); and a validation form (Annexure L). They were requested to validate these preliminary guidelines according to the criteria: clarity, comprehensiveness, applicability, adaptability, credibility and validity. A total of 24 field experts were approached, and 19 of them participated in the validation process. Table 8.1 indicates the wide-ranging attributes of the 19 field experts. Their attributes include employment positions, field expertise and academic qualifications.

Table 8.1 Attributes of the field experts

Attribute	Descriptor	Frequency
Employment position	1 Executive Dean: Health Sciences	1
	2 Provincial Director: Nursing Education and Training	3
	3 Professor: Nursing	3 (1 international)
	4 Nurse educator (senior lecturer)	5
	5 Academic Head of Department	2
	6 Chief Executive Officer (nursing association)	1
	7 Provincial Manager: Professional Development	1
	8 Programmes Director: Training (international organisation)	1
	9 Provincial Coordinator: Accreditation	2
Total		19
Field expertise	1 Nursing management and leadership	4
	2 Nursing education	13
	3 Nursing Policy and Guideline Development	2
Total		19
Academic qualifications	1 Doctoral degree	17
	2 Master's degree	2
Total		19

Table 8.2 below displays the results of the validation process. As evident from the comments on these guidelines, most participants supported the guidelines, with a few

making suggestions for certain themes to be included, as well as related to the framing of sentences in the guidelines. One suggestion was that emotional intelligence ought to be considered as a theme. Another comment was that constructive thought patterns were not considered as a category in the guidelines. However, these two suggestions could not be considered, as the themes had emanated from findings from the different phases of the study. Overall, the participants found the guidelines to be well-structured, systematic, comprehensive, practical, adaptable, and valid. Some participants went further to indicate that the guidelines were urgently needed for implementation in the nursing and nursing education fraternity. The participants' suggestions were incorporated in the final guidelines.

Table 8.2 Results of the validation process

Criteria	Not acceptable	Acceptable with recommended changes	Acceptable as described	Comments from field experts
Clarity		5	14	<ul style="list-style-type: none"> • Systematically formulated • Well-structured • No bias noted, unambiguous • Perhaps emotional intelligence should be considered as one of the elements
Comprehensive-ness		5	14	<ul style="list-style-type: none"> • Cover all aspects of self-leadership • Comprehensive, realistic and inclusive • Guidelines should include monitoring or audit criteria • Themes are enriched in description
Credibility		5	14	<ul style="list-style-type: none"> • There is evidence of use of extensive literature in guidelines formulation, which strengthens their credibility • Content is concise, action-oriented and have logical and coherent structure • Recommendations are within nursing and nursing education leadership standards • Constructive thought patterns is lacking in the guidelines
Applicability		3	16	<ul style="list-style-type: none"> • Resources such as human and financial, policies and structures could make the guidelines more applicable • Feasible and practical

Criteria	Not acceptable	Acceptable with recommended changes	Acceptable as described	Comments from field experts
				<ul style="list-style-type: none"> Extrinsic motivational factors may be difficult to implement Guidelines urgently needed for both nursing and nursing education
Adaptability			19	<ul style="list-style-type: none"> Can easily be adapted to various nursing education contexts, public and private Can also work in non-nursing education contexts Suits the country's context and presents varied implementation strategies
Validity		2	17	<ul style="list-style-type: none"> Valid Confirm current issues in nursing education Great piece of work

8.4 PRESENTATION OF THE FINAL VALIDATED GUIDELINES

After the preliminary guidelines had been developed, the experts' suggestions were incorporated. Informed by the evidence obtained from the integrated data from Phases 1 and 2 in Chapter 7, the final guidelines emerged as three themes, illustrated in Table 8.3. These themes were: Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator; Motivational factors in nurse educator self-leadership; and Facilitation of self-leadership in nurse educators.

Each theme consisted of categories, and for each category a guideline was formulated. A rationale for each guideline is presented, followed by recommendations for implementation.

Table 8.3 Themes and categories related to the guidelines to facilitate self-leadership in nurse educators

Theme	Category
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.1 Self-reflection 1.2 Self-control 1.3 Self-goal setting towards a clear vision 1.4 Self-development 1.5 Role modelling 1.6 Collaboration
2 Motivational factors in self-leadership	2.1 Intrinsic factors 2.2 Extrinsic factors
3 Facilitation of self-leadership in nurse educators	3.1 Self-leadership training 3.2 Management support and peer support 3.3 Management leadership style 3.4 Mentoring

8.5 THEME 1: TAKING OWNERSHIP OF ONE'S SELF-LEADERSHIP IN SELF-REFLECTION ON OWN BEHAVIOUR AS A NURSE EDUCATOR

Theme 1, Taking ownership of one's self-leadership in self-reflection on one's own behaviour as a nurse educator encompassed six categories that pertain to the activities or practices that demonstrated self-leadership in nurse educators, namely self-reflection; self-control; self-goal setting towards a clear vision; self-development; role modelling, and collaboration. The following guidelines were developed to address these categories.

8.5.1 Category 1.1: Self-reflection

From the category *self-reflection*, a guideline was formulated that is intended to prompt nurse educators to reflect on how their thoughts, personalities, tendencies in speech and action, strengths, weaknesses, motivation and emotions can be utilised to influence the self and others to engage in self-leadership that will improve their performance in the nursing education institution. This guideline is based on the concluding statements, as presented in Box 8.1.

Box 8.1 A summary of concluding statements related to self-reflection of nurse educators

Individuals have the capacity to self-reflect as they pursue their goals, which enable them to exercise self-control (self-regulation) over their thoughts, feelings, motivations and actions towards students.

Active and purposeful self-reflection lead to refinement of thoughts and behaviours and a realisation of the level of accountability they have towards students' teaching and learning in preparation of students for the rapidly changing and globalising workplaces.

Nurse educators actively engage in deep introspection in order to have a better understanding of their own conduct around others with the ultimate goal of making positive improvements and meaningful changes within the nursing education institution and influencing the student.

Acknowledging that teaching has a high emotional demand and stress and should be managed to avoid a situation leading to educators experiencing feelings of self-doubt.

Guideline 1: Promote self-leadership practices through taking ownership in self-reflection on own behaviour as a nurse educator

Rationale for the guideline

Engaging in self-reflection on one's teaching and interactions with others prepares nurse educators to respond appropriately to various education linked situations and improve interpersonal relationships with students and peers, as well as improve teaching and learning.

Recommendations on the implementation of the guideline

- Nurse educators engage in self-reflection by:
 - continually questioning their teaching activities, self-correcting their performances and re-assessing their values, strengths and areas for growth or improvement

- taking time to reflect on novel or uncertain situations that occurred in their classrooms and clinical practices, and evaluate the extent to which they adjusted their thoughts, behaviour or emotions to manage such situations
- taking notes (journalling) about critical events of the day to reflect on achievements and areas of improvements to be addressed
- soliciting feedback from significant others in the nursing education institution (colleagues, students, leaders) and clinical practises in hospitals and clinics on aspects of behaviour such communication, innovativeness, structuring of the work environment, acts of integrity and teamwork, decision-making, motivation, and interpersonal skills
- constantly reflecting on whether they fulfil their expected role of being resourceful role models who embody the values and image of the nursing profession to their colleagues, students and other stakeholders
- modelling questioning behaviour and reflection as methods of teaching, and apply new ideas that contribute to the improvement of nursing education and nursing practice as well as the professional development of the students
- engaging in the practice of mindfulness, wherein they can focus on the contexts and activities, with an understanding attitude
- having a vision and engage in self-care methods and planning individual lifestyle behaviours that promote the attainment of optimum individual functioning and fulfilment (wellness), and participate in institutional wellness programmes, encompassing the physical, social, emotional, spiritual, intellectual and environmental aspects in an integrated way
- The nursing education institution enhances nurse educators' self-reflection by:
 - investing in skills development training programmes that focus on the development and enhancement of nurse educators' self-reflection skills and personal development
 - sending managers to undergo training on self-awareness and self-reflection, from which they will benefit with the ability to exercise self-reflection and supervisory skills that will enable them to empower nurse educators, create a favourable work climate for educators characterised by resilience, innovation and change
 - introducing initiatives that promote self-leadership through supporting the nurse educators' work-life balance in the following ways:

- develop work-life policies aimed at offering nurse educator assistance through being mindful of improved work scheduling such as flexi-hours, compressed work weeks, using authority effective job sharing, tele-communicating, leave options, and child or dependent care services, as a way of promoting improved quality of life, work performance, and organisational commitment
- managers are mindful of understanding the concepts of emotional support (empathy, care, concern, and trust), instrumental support (time, money, resources, responsibility, and energy), appraisal support (assessment, consideration, approval, and opinion), and informational support (advice, insights, and suggestions), to apply it in their own lives, and which are essential in increasing work-life balance and facilitate self-leadership growth
- Promote a culture of wellness in the institution that addresses the holistic individual health needs of nurse educators by strengthening the external environment so as to enable nurse educators to take care of their own physical, psychological, social and spiritual dimensions for them to achieve their full potential through being health conscious.

8.5.2 Category 1.2: Self-control

From the category *self-control*, a guideline was formulated that addresses the practice of self-leadership in nurse educators through *self-control*. This guideline is based on the concluding statements, as presented in Box 8.2.

Box 8.2 A summary of concluding statements related to self-control by nurse educators

Nurse educators demonstrate genuine emotions, monitor and maintain a sense of internal control to their feelings, thoughts and actions when interacting with others such as students and peers, as this has an effect on the teaching-learning process.

Nurse educators who are aware of their thinking understand themselves, and are more readily able to make informed and logical decisions when working with students and colleagues.

Nurse educators with self-control intentionally identify and confront emotions that are disruptive to the teaching and learning process and their interpersonal relationship with peers and students.

Guideline 2: Being self-motivated to exercise self-control during the teaching and learning processes

Rationale for self-control

Engaging in self-control facilitates motivation to stay focused on long-term goals, self-chosen beliefs and principles and impulse and behaviour control as these have an effect on teaching and learning.

Recommendations on the implementation of the guideline

- Nurse educators are self-motivated to engage in the following activities, through self-control:
 - creating opportunities to demonstrate positive relationships with students through showing trust, sharing power in developing suggestions, and respecting students' learning needs
 - developing credibility by demonstrating consistency and fairness in all activities, including establishing an understanding among students regarding, inter alia, classroom rules, allocation of marks (marking), monitoring student behaviour, and focus on following through on promises

- striving to demonstrate qualities of being role models to peers and students and earn authority by demonstrating knowledge of the curricula, taking time to understand student development and learning theories. Self-discipline should be demonstrated in, for example, going to class prepared, demonstrating good teaching skills, being sensitive to students' needs and treating students with respect
- practicing mindfulness by objectively observing and managing emotions through controlling one's thoughts and emotions, restraining from undesirable impulses, resisting temptations, breaking bad habits, keeping good self-discipline, maintaining self-motivation, and persisting with one's goals when difficulties arise
- The nursing education institution implements preventative emotion-focused and task-focused measures to mitigate the onset of poor psychological functioning in nurse educators that may lead to emotional exhaustion and work disengagement, affecting self-leadership.

8.5.3 Category 1.3: Self-goal setting towards a clear vision

From the category *self-goal setting towards a clear vision*, a guideline was formulated that addresses the practice of self-leadership in nurse educators through self-goal setting. This guideline is based on the concluding statements, as presented in Box 8.3.

Box 8.3 A summary of concluding statements related to self-goal setting towards a clear vision by nurse educators

Nurse educators set goals and prioritise them according to importance but this will require them to exercise discipline in order to achieve them.

Self-goal setting produces positive effects on performance and other desirable outcomes.

Nurse educators have goals that reflect their needs, motives, values and environmental demands in order to improve their performance towards their set goals.

Guideline 3: Set creative personal and professional goals that stimulate the use of purposefully selected teaching methods requiring the use of their personal skills in obtaining their vision

Rationale for self-goal setting towards a clear vision

Setting own professional goals provides nurse educators with a sense of ownership over their teaching, which in turn directs their attention to their teaching, making the teaching activity personally meaningful and providing an opportunity to monitor their own progress towards their vision.

Recommendations on the implementation of the guideline

- Nurse educators engage in the following self-goal setting initiatives:
 - creating a personal vision that aligns their personal and professional goals. Professional goals that are challenging, reflect individual's personal needs, motives and motivate individuals to move out of their comfort zone but lead to improved performance
 - basing on individual motivation, develop a personal mission statement that describes one's fundamental purpose, encompassing their own personal and professional objectives, actions, long-term goals, reflections and a guiding personal philosophy
 - in order for nurse educators to bring their own vision to life through their personal mission, they set goals that are specific, measurable, attainable, realistic, and time bound (SMART); then write down action steps, resources, time lines, and indicators of success through self-evaluation
 - compiling a teaching portfolio that invokes reflection on one's personal teaching philosophy and encourages the development of personal teaching goals and objectives
- The nursing education institution inculcates the development and utilisation of an evidence-based coaching programme as an effective means of supporting personal and professional development for nurse educators towards self-leadership. The programme should cover the following:
 - identifying desired personal outcomes and set vision
 - delineating specific personal goals

- identifying personal strengths and building competence to enhance motivation
- identifying resources and formulating action plans to obtain self-actualisation
- monitoring and evaluating progress toward the goals to measure own progress
- modifying action steps (based on evaluation of progress) for personal progress
- The nursing education institution creates a non-threatening coaching environment that promotes a supportive and confidential relationship between coach and the protégé in which to discuss personal and professional issues that hinder self-leadership.
- The coaching programme aims to provide an important platform for purposeful change and development to take self-responsibility to reduce anxiety and stress and facilitate the development of new behavioural repertoires, as well as build self-efficacy and enhance well-being, and ultimately enhance self-leadership skills.

8.5.4 Category 1.4: Self-development

From the category *self-development*, a guideline was formulated that addresses the practice of self-leadership in nurse educators through self-development. This guideline is based on the concluding statements, as presented in Box 8.4.

Box 8.4 A summary of concluding statements related to self-development by nurse educators

Nurse educators take their own initiatives to self-develop and improve their performances and not wait for the nursing education institution to develop them.

Nurse educators constantly update their knowledge and skills in their specialty areas or taught content to ensure continued learning and competence that keeps up with demands of society health challenges.

Nurse educators viewed continuing professional development (CPD) as an intervention that would motivate them to engage in self-leadership.

Nurse educators attend courses, which are relevant to the content that they teach so that they can develop.

Guideline 4: Strengthen own capacity through engagement in self-development activities for the bigger teaching and learning environment

Rationale for self-development

When nurse educators engage in self-development, they develop more competence and confidence thus producing a positive attitude towards their teaching and learning, which may, in turn, lead to improved performance.

Recommendations on the implementation of the guideline

- Nurse educators engage in self-development in response to the changing demands from the health and education environment, without waiting for opportunities for training and development from the nursing education institution, in the following ways:
 - identifying own learning needs for self-development based on the current and future health and education trends, as well as the nurse educator competency framework as published by the South African Nursing Council
 - constantly updating their knowledge, in their specialty areas or taught content to ensure continued learning and competence, while focusing on their own values and attitudes
 - taking time to research new information and developments in their areas of teaching through self-directed learning
 - using networking as a tool to facilitate their professional development when meeting others who can learn of the quality of their work, and who might later serve as references, provide peer review, and nominate them for scholarly awards
 - maintaining a professional record (curriculum vitae and portfolio) that demonstrates current nursing and teaching competence
 - in the absence of designated mentors, nurse educators should show initiative and find resources to read, research and observe colleagues in order to develop the necessary teaching skills
 - engage in own professional development through activities such continuing professional development (CPD) activities that are relevant to their area of

work, for example attending workshops, courses, seminars and conferences.

- The nursing education institution should support nurse educator's life-long learning and self-directed learning by conducting training needs analysis annually and encourage nurse educators in pursuing formal and informal training in their areas of practice in line with the institutional strategic goals. An example of informal training is seeking out coaching opportunities for nurse educators.
- The South African Nursing Council should be advised to implement the long-awaited CPD system that promotes life-long learning and taking their own decisions. In this way, nurse educators can through taking their own decisions, pursue and achieve professional growth, remain up to date and relevant to the constantly changing health and education needs of the population throughout their careers in a sustained manner.

8.5.5 Category 1.5: Role modelling

From the category *role modelling*, a guideline was formulated that addresses how role modelling could be utilised to demonstrate the self-leadership in nurse educators to peers and students through role modelling. This guideline is based on the concluding statements, as presented in Box 8.5.

Box 8.5 A summary of concluding statements related to role modelling by nurse educators

Nurse educators demonstrate self-leadership through role modelling good behaviour to peers and students.

Being a role model is perceived as a self-leadership practice.

Nurse educators are consciously aware that they play an influential role in the professional socialisation and development of students,

Self-leadership was viewed as a practice that promotes the image of the nursing profession, through effective communication and demonstration of good conduct.

Guideline 5: Be self-motivated in engaging with students and peers through acting as a role model by effective teaching behaviours and qualities

Rationale for role modelling

Nurse educators who role model positive behaviours provide an example for colleagues and students, leading to improved performance.

Recommendations on the implementation of the guideline

- Nurse educators endeavour to accomplish the following activities:
 - be determined to know all areas of the theoretical component of the nursing curriculum; areas of clinical practice in nursing; evidence-based and up-to-date nursing content and related subjects; as well as contemporary issues in health and nursing
 - have the characteristics of a role model with critical thinking in all areas of teaching, including theory and clinical aspects, promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling
 - role model the following activities to students and colleagues: work ethics, meeting deadlines on tasks, giving timeous feedback to students, adhering to teaching schedules (timetables), commencing work on time, and developing lesson plans
 - have a passion to addressing the professional image of nursing through attending to personal appearance (dress), posture, personal habits, manner of speaking, self-confidence, quality of work and orderliness of the work environment (being organised)
 - role model respectful and professional behaviours, and demonstrate caring and regard for their subordinates

8.5.6 Category 1.6: Collaboration

From the category *collaboration*, a guideline was formulated that demonstrates how collaboration could be utilised to demonstrate the self-leadership in a nursing education institution. This guideline is based on the concluding statements, as presented in Box 8.6.

Box 8.6 A summary of concluding statements related to collaboration by nurse educators

Nurse educators and other stakeholders collaborate and work together collectively as a team to pull together resources and ideas.

Divisive groups and cliques within nursing education institutions undermine teamwork

Self-leadership is beneficial for not only individuals but it also for educator teams and the institution as a whole.

An example of collaboration through taking leadership role is performing duties of designated or formal leaders such as academic head of department and principal when they were engaged elsewhere outside of the institution.

Guideline 6: Influence oneself to engage in teamwork to share innovative ideas with peers towards self-leadership

Rationale for collaboration

When nurse educators work together, they form professional and personal relationships, draw support from each another, and can share tasks that allow each teacher to feel effective, ultimately contributing to the institution's improvement and student success.

Recommendations on the implementation of the guideline

- The nurse educator collaborates by:
 - developing, managing and evaluating curriculum, programmes, courses and clinical teaching and learning experiences with colleagues

- assuming roles in the absence of colleagues including the leadership role in the absence of designated leaders
- self-mirroring feedback from peers and students in order to evaluate own teaching competencies and to improve role effectiveness
- The nursing education institution collaborates by:
 - providing a platform for peer support that facilitates collaboration, self-innovation, and pedagogical inquiry
 - ensuring adequate teaching and learning resources that support the nurse educators' own instructional styles, and minimise competition for resources amongst nurse educators with creative ideas
 - creating an environment that encourages nurse educators to form their own communities of teaching and learning with their colleagues (peers)
 - creating an environment that facilitates dialogue among nurse educators beyond direct task fulfilment or any other departmental demands
 - assisting nurse educators to build a rapport and respectful professional relationships in which they view one another not as competition, but as equal scholar practitioners with whom they can derive expertise as well as emotional and professional support; encouraging a collaborative culture built upon narrative experiences
 - encouraging the practice of knowledge sharing amongst nurse educators within the institution, and discuss different ideas around curricula and programme design, development, management, delivery and evaluation, thus supporting innovation
 - taking bold decisions and replace entrenched bureaucratic practices, hierarchies and power structures to enable collaboration and teamwork activities amongst nurse educators and their managers

8.6 THEME 2: MOTIVATIONAL FACTORS IN NURSE EDUCATOR SELF-LEADERSHIP

Theme 2, motivational factors in nurse educator self-leadership, encompassed two categories that pertain to the activities or practices that demonstrated role of motivation in the self-leadership of nurse educators, namely: intrinsic factors and extrinsic factors. The following guidelines were developed to address these categories.

8.6.1 Category 2.1: Intrinsic factors

From the category *intrinsic factors*, a guideline was formulated that addresses how intrinsic motivational factors may influence and promote the self-leadership in nurse educators. This guideline is based on the concluding statements, as presented in Box 8.7.

Box 8.7 A summary of concluding statements related intrinsic factors

Nurse educators described feelings of satisfaction after engaging in certain activities, without any expectation of any form of rewards from the institution.

Nurse educators with a positive inner drive demonstrate development of deep interest in their own work to achieve academic success.

Educators were intrinsically motivated when they engaged in activities for their inherent pleasure and satisfaction.

Educators experienced a deep sense of gratification when they perceive their teaching as successful.

Guideline 7: Engage in self-directed activities that promote feelings of confidence, self-efficacy and competence to believe in oneself

Rationale for intrinsic motivation

Intrinsically motivated nurse educators are focused on their core values, purpose and direction, enjoy teaching for natural reward and are more likely to take responsibility and accountability of their actions, participate in decision-making processes, and motivate others to engage in self-leadership activities to improve their performance.

Recommendations on the implementation of the guideline

- Nurse educators motivate by:
 - being enthusiastic by showing interests and enjoyment in their teaching, as they will become more intrinsically motivated and believe in themselves

when they see students learn and grow in the profession. This intrinsic motivation will facilitate nurse educators to feel naturally drawn, or pulled toward completing their tasks based on personal enjoyment in a manner that is fully volitional, self-determined and autonomous

- being creative educators who utilise innovative teaching methodologies and incorporate the following social and digital integrated systems of technology in their teaching: socio-digital networking; flexible use of digital media; multitasking; intellectual ICT tools; internet searches; working on screen; using smart phones and phones when preparing a group solution; extended networks; knowledge creation
- engaging in upscaling or updating of own skills in order to adapt themselves to the ever-changing systems and technologies such as those brought about by the Fourth Industrial Revolution (4IR)
- The nursing education institution motivates by:
 - providing nurse educators with space and autonomy to be creative and self-direct, leading to feelings of satisfaction
 - encouraging nurse educators to be aware of innovative, creative and take risks in the classroom and not to give up when they experience difficulties during the teaching and learning process
 - preparing professional development programmes for managers in the nursing education institution on the integration of nurse educators in participative decision-making processes and dealing effectively with their new ideas to promote a positive organisational climate for psychological empowerment of nurse educators
 - providing opportunities for all nurse educators in professional development programmes to build their capacity as the next generation of leaders in the nursing education institution
 - giving nurse educators freedom to engage in teaching and learning scholarships of their interest, which strengthens their capacity, and allows them showcase their abilities and being recognised by their peers and related communities
 - ensuring that nurse educators have access to support, information and resources needed to promote student learning, which will increase their sense of accomplishment and be intrinsically motivated to teach

- support refers to feedback and guidance received from superiors, peers, and subordinates
- information refers to the data, technical knowledge, and expertise required to function effectively in one's position;
- resources refer to the materials, budget, supplies, equipment, and time necessary to accomplish organisational goals

8.6.2 Category 2.2: Extrinsic factors

From the category *extrinsic factors*, a guideline was formulated that addresses how nurse educators and the nursing education institution could to deal with extrinsic factors that may influence their nurse educator self-leadership. This guideline is based on the concluding statements, as presented in Box 8.8.

Box 8.8 A summary of concluding statements related extrinsic factors

Financial rewards were viewed as a source of motivation to teach.

Nurse educators indicated that they relied on the performance appraisal system, feedback from supervisors showing appreciation, as well as the fringe benefits of contractual nurse educators as incentives that motivated them to improve their performance.

Rewards such as “pay for performance” can result in extrinsic focus, which can produce short-term gains on targeted outcomes, and lead to negative spill-over effects on subsequent performance and work engagement.

The nurse educators derived motivation from external motivators such as colleagues, management and incentives.

Guideline 8: Encourage nurse educators to rely on internal sources for self-satisfaction and demonstrating their unique competencies

Rationale for extrinsic motivation

To discourage nurse educator reliance on external factors such as recognition, rewards and incentives for motivation; and instead encourage promotion of nurse educator

engagement in activities that promote deep satisfaction, knowledge and feelings of competence.

Recommendations on the implementation of the guideline

- Nurse educators motivate by:
 - engaging in co-learning, self-development and participation in optimally challenging tasks in order to increase feelings of competence and self-determination when executing duties
 - having a set purpose to adequately prepare lessons, manage classes effectively, and seek access to supportive environment, so that they eventually achieve mastery in a subject
 - creating a people-oriented environment that emphasises effort and progress in feedback to their students, leading to satisfaction when students learn new skills, improve, and cooperate to learn
 - identifying enjoyable aspects of work activities, such as teaching a subject that is naturally interesting, or focusing on an interesting subject due to the natural desire to learn mastery of it
 - possessing the following elements that promote deep satisfaction, knowledge and feelings of competence:
 - *vigour*: display passion, high energy levels and mental versatility when working, and must always have the readiness to put increased effort in one's work and be innovative even when faced with challenges
 - *dedication*: display a solid presence in their work, defined by excitement and pride in their activities, and feeling invigorated by it
 - *absorption*: completely focused and completely immersed on their work, without giving attention to distractions
- The nursing education institution motivates by:
 - providing opportunities for CPD training workshops and scholarships for nurse educators to study further to enhance their self-mastery of subject content in their areas of speciality
 - striving to recruit nurse educators with the following self-leadership dispositions that are intrinsic in nature:

- reflective temperaments such as self-awareness, competency, open-mindedness, empathy, open-mindedness, justice, logical reasoning, courage, commitment and confidence, empathy, responsibility and accountability should be visible
 - motivation, enthusiasm and perseverance (resilience)
 - good interpersonal relationship and communication skills
- ensuring that the managerial and leadership practices in the institution make employees feel free, autonomous and psychologically empowered
- allocating nurse educators in situations and positions that highlight and acknowledge their value and relevance to the institution, such as allocating them to teach the subjects of their choice or specialisation
- contributing to nurse educator empowerment by mobilising resources, support and information needed for educators to effectively accomplish their work
- The nursing education institution ensures the following are in place with regard to the performance management system:
 - the performance management system is crafted in such a way that the institution identifies the human, financial, technical and institutional support available for nurse educators and locate the consequences on the natural or logical result of individual performance rather than a reward or incentive
 - during appraisals, nurse educators are given an opportunity to evaluate themselves and measure their own success, using a criteria that they themselves helped to write upfront (self-accountability), thus engaging in self-leadership within the framework of the agreement

8.7 THEME 3: FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

Theme 3, facilitation of self-leadership in nurse educators, encompassed four categories that pertain to the facilitative factors of self-leadership in nurse educators namely: self-leadership training; management and peer support; management leadership style; and mentoring. The following guidelines were developed to address these categories.

8.7.1 Category 3.1 Self-leadership training

From the category *self-leadership training*, a guideline was formulated that addresses how self-leadership training could facilitate self-leadership in nurse educators through self-leadership training. This guideline is based on the concluding statements, as presented in Box 8.9.

Box 8.9 A summary of concluding statements related to self-leadership training

Organisations invest in the development of self-leadership strategies of staff to adapt and enhance their self-leadership skills.

There should training programmes offered to nurse educators, which are aimed at stimulating their self-leadership.

Organisations invest in developing self-leaders through training that enhances self-leadership skills to improve overall functioning of the organisation.

Organisations train personnel to adapt and enhance their self-leadership skills and thereby improve their performance.

Guideline 9: Enhance nurse educators' self-leadership competencies through training in self-leadership strategies

Rationale for self-leadership training

Training nurse educators on self-leadership competencies could strengthen their self-leadership capacity and improve performance through awareness of own strengths in using self-leadership strategies.

Recommendations on the implementation of the guideline

- The nursing education institution provides training to nurse educators and their managers on self-leadership strategies, focusing on the following areas, amongst others:

- the three dimensions of self-leadership namely; thought pattern strategies, behaviour-focused strategies and natural reward strategies
- skills for addressing difficult, unattractive, but necessary tasks; skills for building natural motivation into work; and skills for establishing constructive thinking patterns
- mindfulness training can be integrated into the training to promote greater emotional awareness and emotional regulation, along with increased feelings of calmness, relaxation and self-acceptance
- The following are some considerations to be taken into account when preparing for a self-leadership programme:
 - there must be a firm belief on the individual nurse educator's part that he or she wants to set and commit to the goals of the self-leadership programme and must possess a strong commitment to change
 - because self-leadership training is a unique type of intervention that explicitly teaches skills associated with conscientious behaviour, nurse educators who are already conscientious may not be suitable as they already have the ability to engage in goal-setting and self-directed behaviour and have a lesser need for self-leadership training
 - individuals should be prepared to practise self-leadership techniques with one behaviour at a time, allowing them to focus effort on the behaviour to be changed
 - the programme and its activities should be such that it discourages the individual from concentrating on activities with immediate rewards that may be detrimental to self-leadership
- The individual should be motivated to keep track of and monitor his or her own behaviour (self-monitoring).

8.7.2 Category 3.2: Management support and peer support

From the category *management and peer support*, a guideline was formulated that addresses how management and peer support could facilitate self-leadership in nurse educators. This guideline is based on the concluding statements, as presented in Box 8.10.

Box 8.10 A summary of concluding statements related to management and peer support

Provision of support by peers facilitates nurse educators feeling motivated and emotionally stimulated to continue engaging in teaching and learning activities.

Factors such as professional jealousy exacerbate nurse educators not supporting each other and working in isolation.

Divisive groups and cliques undermine teamwork within the nursing education institutions.

Nurse educators expect to be recognised, respected, treated fairly and equally, and provided with guidance when they are delegated activities that are challenging in nature.

When individuals receive clear feedback and support from management, they are likely to become more autonomously motivated, perform and learn better, and be better adjusted in their engagement in self-leadership.

Guideline 10: Strengthen the positive self-image of the nurse educator through support towards self-leadership behaviours through management and peer support

Rationale for management and peer support

Provision of support by colleagues and management would ensure that nurse educators get access to available expertise and resources necessary for practising self-leadership in the nursing education institution.

Recommendations on the implementation of the guideline

- The nursing education institution manages by:
 - providing an open platform that seeks to offer nurse educators support with feedback and guidance from their superiors, peers, and subordinates on matters related to classroom content and instruction
 - supporting nurse educator engagement in collegial relationships in order to provide personal and professional support to each other so that there can

be enhanced understanding of individual role expectations, career-related issues and relationships within the institution, which in turn improves the self-confidence of other educators

- Managers in the nursing education institution are encouraged to:
 - support their colleagues by providing coaching, with emphasis on *affective or emotional support* towards self-coaching. This type of support is useful when educators need assurance when they have doubts about the effectiveness of their teaching, their knowledge about the teaching/curriculum framework and its implementation, their teaching strengths, and areas in which they can improve. This support could encourage nurse educators to take risks in the classroom and not to give up when they experience difficulties during the teaching and learning process
 - be mindful of the different and unique individual nurse educators' strengths and areas of support and consider their needs, abilities, and aspirations in such a way that facilitates innovation and empowers nurse educators with their varying levels of enthusiasm toward self-direction and cooperation
 - undergo emotional intelligence leadership skills programmes, as these skills are vital for the creation of an authentic, supportive environment that facilitates a positive empowerment process for nurse educators' well-being, and creates a work climate characterised by new ways of thinking, innovative knowledge creation and resilience
- The nursing education institution provides **autonomy-supportive work climates** in the following ways:
 - training and encouraging managers in the nursing education institution on the utilisation of autonomy-supportive managerial styles that provide nurse educators' autonomy support, whereby managers strive to understand and acknowledge the nurse educator' perspectives, encourage self-initiation (initiative behaviours), minimising pressures and controls, and providing relevant information and meaningful rationale
 - creating an environment wherein managers are encouraged to socialise with nurse educators on enhancing intrinsic motivation as it plays a significant role in persistence, performance, and productivity with the potential to increase effectiveness outcome

- creating an environment that encourages educators to take personal initiatives, offer opportunities for making choices, provide optimal challenges to employees, support educators' unique competencies and facilitate social interactions
- fostering and encouraging autonomy-supportive leadership practices from managers. Examples include efforts by managers to seek staff input on policies, provide opportunities for staff to be involved in institution-level decision-making, listen to educators' needs, attempt to understand issues from educators' perspectives, and provide positive reinforcement regarding the educators' ability to effectively fulfil the requirements of their job

8.7.3 Category 3.3: Management leadership style

From the category *management leadership style*, a guideline was formulated that addresses how management leadership style could influence and facilitate self-leadership in nurse educators. This guideline is based on the concluding statements, as presented in Box 8.11.

Box 8.11 A summary of concluding statements related to management leadership style

Many leaders may not know how to lead in a way that facilitates self-leadership; therefore, there is a need for leaders to learn new leadership styles that will encourage them to seek self-leadership.

A participative leadership style that facilitates nurse education self-leadership through involvement in decision-making is necessary.

Rigid bureaucratic systems and autocratic leadership styles are some of the barriers that contribute to lack of self-leadership amongst educators and restrict academics from leading. Removal of these leadership styles could facilitate self-leadership.

Ineffective management and leadership styles have a negative influence in nurse educator engagement in self-leadership activities in a nursing education institution.

Guideline 11: Facilitate the integration of effective management styles with the nurse educators' self-leadership behaviours

Rationale for management leadership style

Certain management leadership styles could be effective in supporting and sustaining nurse educator self-leadership.

Recommendations on the implementation of the guideline

- Managers in the nursing education institution integrate effective management styles that facilitate self-leadership of nurse educators in the following ways:
 - utilising the transformational style of leadership, which will challenge the nurse educators to explore and seek innovative approaches during their teaching and learning activities through idealised influence, intellectual stimulation, individualised consideration, and inspirational motivation
 - using the participative and shared leadership styles to facilitate self-leadership through flattening the supervisor–subordinate hierarchical structure between them and nurse educators. This will facilitate a non-threatening work environment that has high level of trust, where managers share their authority with nurse educators and ensure that nurse educators contribute at all levels of decision-making processes in the institution. However, both the managers and nurse educators will need to demonstrate accountability within the flattened structure
 - requesting, valuing, and respecting the feedback of their nurse educators at direct individual level, such as when new developments are introduced, so that nurse educators feel valued and that they are part of the decision-making and problem-solving processes in the institution
 - attending self-leadership training programmes as these programmes will enhance the managers' abilities to self-direct, manage their personal thoughts, emotions and behaviours, set personal goals and be proactive

8.7.4 Category 3.4: Mentoring

From the category *mentoring*, a guideline was formulated that addresses how mentoring could facilitate self-leadership in nurse educators. This guideline is based on the concluding statements, as presented in Box 8.12.

Box 8.12 A summary of concluding statements related to mentoring

Nurse educators expected themselves, their colleagues and the institution to play a role in the mentoring of new nurse educators.

The nursing education institution provide a supportive environment that ensures that nurse educators, specifically inexperienced ones, are mentored and coached.

Nurse educators described mentorship as a missing strategy at their respective institutions.

Traditional mentoring programmes are heavily reliant on financial and human resources, and therefore new nurse educators must be innovative, self-reflective, autonomous and become self-mentors.

Junior personnel in the institution are given the opportunity to lead the institution.

There is succession planning in the nursing education institution so that when leaders leave positions there are nurse educators prepared to lead the institution.

Guideline 12: Encourage the nurse educator to demonstrate own self-identity in partaking mentoring

Rationale for mentoring

Mentoring of new, inexperienced nurse educators' could re-inforce their self-confidence, self-efficacy, provide opportunity for growth and feelings of empowerment, which are essential for improved performance.

Recommendations on the implementation of the guideline

- The nursing education institution facilitates mentoring by:
 - developing a structured mentoring plan or policy that legitimises the examination of the knowledge and skills needed to accomplish specific objectives and expected outcomes, so that the mentoring is clearly coordinated, and establishes higher self-esteem and a greater sense of appreciation for the mentor and mentee
 - ensuring that there is availability of adequate experienced mentors that have personal, relational and professional attributes, and a mentoring programme to ensure positive mentoring experiences for nurse educators
 - ensuring that the mentoring plan or programme includes all activities and roles related to theory and practice such as curriculum development, learning strategies, the core values of higher education, emotional and psychological support, lesson preparation and observation, lesson analysis, and class management. Other significant skill areas for mentoring are publishing and establishment of a research agenda
 - ensuring that there is continued monitoring and evaluation of the quality of mentoring that allows the mentor and mentee opportunity to evaluate the mentoring programme to determine its strengths and weaknesses in addressing self-leadership
 - providing training programmes on self-leadership for mentors to ensure that they offer high quality mentoring with appropriate skills and knowledge; are capable of evaluating their own mentorship style; adopt an empowering mentorship style that seeks to facilitate the independence of the mentee; and are able to reflect on the challenges and potential drawbacks encountered during the mentoring process
- In the absence of a mentor, nurse educators engage in the following initiatives:
 - subscribe to journals to enable them to review relevant research articles for their own development
 - participate in special committees of their interest within the institution
 - attend conferences or join social networking sites that focus on their specialisation or interest
 - take advantage of electronic learning opportunities that relate to areas of interest and motivate them

- identify opportunities that provide meaningful feedback for personal development
- engage in collegial discussions that inspire collaborative learning to enhance teaching
- The nursing education institution provides succession planning in the following ways:
 - proactively include succession planning in its strategic goals to ensure that there is a planned and structured provision of sustainable leadership capacity, which will help keep the institution's competitive advantage in achieving its strategic goals and realise its mission
 - succession planning be a strategically planned and structured process, so that young, talented and potential successors can be identified and prepared through training and development to acquire skills, insights, and attitudes to manage other nurse educators in the future
 - succession planning policy includes a transparent selection criteria for potential candidates with leadership talents and skills (acceleration pool) to fill the identified gaps, so that they can be appropriately mentored to prepare them for higher, leadership positions
 - ensuring that time and financial resources are set aside for the development of potential leaders. Examples of programmes that can empower selected young potential leaders are self-leadership, financial management, conflict management, human resource management skills, governance, project and case management.
 - developing a sustainable education and growth plan that provides opportunities for potential educational leadership, using strategies such as mentoring and coaching. When the opportunity for a vacancy arises, the nursing education institution should follow (adhere) to its staff recruitment policies for filling vacancies to ensure a fair and credible process, and not unjustly favour the candidate on the succession planning programme
 - there should be an opportunity that allows for amending of the job descriptions of the managers at nursing education institutions to include the responsibility of developing a succession plan for their own position

8.8 SUMMARY

Chapter 8 presented a discussion on the development of guidelines to facilitate the self-leadership in nurse educators. These guidelines were formulated based on concluding statements of data obtained from Phase 1, subphase 1 (integrative literature review), Phase 1, subphase 2 (qualitative data) and Phase 2 (quantitative data) and supportive literature. The guidelines were also validated by technical experts for clarity, comprehensiveness, credibility, applicability, adaptability and validity. The experts' suggestions were incorporated in the guidelines. Chapter 9 discusses the conclusions, recommendations and limitations of the study.

CHAPTER 9

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

9.1 INTRODUCTION

This chapter discusses the key findings, conclusions and limitations of the study, and makes recommendations for further education, practice, policy, and future research with regard to self-leadership amongst nurse educators.

9.2 PURPOSE OF THE STUDY

The purpose of this exploratory, descriptive sequential mixed-methods study was to understand the self-leadership amongst nurse educators in order to develop guidelines that could facilitate their self-leadership. An integrative literature review, along with qualitative and quantitative data were integrated and used to develop and validate guidelines that could facilitate self-leadership in nurse educators.

The objectives of the study were as follows: to explore and describe the meaning of the concept self-leadership within a nursing education institution context through an integrative literature review; to explore and describe the perceptions of nurse educators with regard to their self-leadership, and how this can be facilitated in a nursing education institution; to determine the self-leadership practices of nurse educators in a nursing education institution; and to develop guidelines to facilitate the self-leadership of nurse educators in a nursing education institution.

9.3 RESEARCH DESIGN AND METHODS

A mixed-methods research design was selected because it could best answer the question:

What can be done to facilitate self-leadership within nurse educators in nursing education institutions?

The researcher combined qualitative and quantitative methods to establish methodological triangulation, resulting in a better understanding of the phenomenon *nurse educator self-leadership*. The study was therefore conducted in two phases. The strengths and weaknesses of both qualitative and quantitative approaches complemented one another. A pragmatic philosophical belief allowed for the application of both a positivist and naturalistic worldview to address the problem from different angles. Despite several advantages of this type of design, it was challenging in terms of financial resources, time constraints, and capacity to collect and analyse mixed-methods data obtained across two provinces. However, these challenges were dealt through expert guidance and methodological rigour.

9.3.1 Phase 1

Phase 1 (subphase 1) consisted of an integrative literature review to explore and describe the concept of self-leadership in nurse educators. Data of integrative literature review was all relevant published data (empirical and theoretical studies) on self-leadership of educators, published in English from 2000 to 2018. The method of data analysis, as outlined by Miles and Huberman, cited in Whittemore and Knafl (2005:550–552) were utilised, namely: data reduction, data display, data comparison, conclusion drawing, and verification. Rigour was ensured through utilisation of diverse empirical and theoretical sources, well-defined literature search strategies, reliable critical appraisal tools and procedures, adherence to UNISA's Policy for Copyright Infringement and Plagiarism, and indicating all sources used in the integrative literature review in the list of references according to UNISA guidelines. Phase 1 (subphase 1) addressed the first objective.

Phase 1 (subphase 2) entailed conducting semi-structured focus group interviews with nurse educators to explore the nurse educators' perception of their self-leadership, and on how self-leadership could be facilitated in a nursing education institution. The nurse educators were purposively selected from three sampling units, namely a private nursing school, nursing college, and university-based nursing department in Gauteng and KwaZulu-Natal provinces. Three focus group interviews were conducted and consisted of nurse educators with six to eight participants in each group. The data became saturated after conducting three focus groups. A semi-structured interview schedule was used to gather data from nurse educators during focus group interviews. Field notes taken during the focus group interviews supported the qualitative data. Data was analysed by the

researcher and the co-coder according to Tesch's protocol (Creswell 2014:186), and generated four main themes, ten categories, and their related subcategories, which were supported by relevant literature. Trustworthiness was accomplished by using the strategies as outlined by Lincoln and Guba (1985:301–328) and Polit and Beck (2012:585–586), namely: credibility, transferability, dependability, confirmability, and authenticity. The themes and the literature were used as a basis for the development of a questionnaire that was used for collection of data in Phase 2 of the study. Phase 1 (subphase 2) addressed the second objective.

9.3.2 Phase 2

In Phase 2, quantitative data was collected from nurse educators appointed at the remaining nursing education institutions in Gauteng and KwaZulu-Natal, who were not selected for the qualitative phase of the study. A self-administered questionnaire developed from the themes of the integrative literature review, the qualitative phase and the literature was used to determine the self-leadership practices of nurse educators in nursing education institutions. A total number of possible respondents was 443, of whom 265 (59.8%) responded. The data were analysed with the support of a statistician using the SPSS version 25 statistical package, and presented by descriptive statistics (Annexure N). Validity of the instrument was determined through content validity, face validity, and construct validity, whilst pretesting of the questionnaire and the Cronbach alpha test were applied to establish reliability. On completion of Phase 2, the third objective was achieved.

9.3.3 Development and validation of guidelines

From the themes and categories derived from the data in the integrative literature review and qualitative subphase of Phase 1 and conclusions drawn from the data obtained from Phase 2 and the literature, concluding statements were made. Based on these statements, a set of 12 guidelines that could facilitate the self-leadership in nurse educators were developed and validated. The final objective was reached when the guidelines were developed and then validated by technical experts.

9.4 CONCLUSIONS

Conclusions are presented after being drawn from the integrated themes and categories derived from Phase 1, comprising subphase 1, which explored and described the concept of self-leadership in nurse educators from relevant published literature, and subphase 2, which explored and described the perceptions of nurse educators with regard to their self-leadership and how this could be facilitated in a nursing education institution; as well as from the data obtained from 265 nurse educators, who responded to the questionnaire and gave their perceptions as to their self-leadership practice in a nursing education institution, with supportive literature (Phase 2). In Phase 2, the participants gave their perceptions on composite constructs. From the integrated data of Phase 1 and Phase 2, three themes emerged, initiating a better understanding of each sample's view regarding self-leadership and self-leadership practice in nurse educators, namely: taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator; motivational factors in self-leadership; and facilitation of self-leadership in nurse educators. Finally, the conclusions of phases 1 and 2 were integrated and presented as concluding statements for the 12 validated guidelines with associated recommendations for their implementation, as presented in Table 9.1.

In the first theme, *taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator*, nurse educators described their own perception of the characteristics, thoughts and behaviours expected of nurse educators, such as being consciously aware of their own characters, strengths and weaknesses, values, motivations, beliefs and feelings or emotions. Nurse educators perceived self-leadership as being in possession of self-discipline. The composite construct *self-control*, addressed aspects related to possession of self-discipline during interactions with students and peers, observing behaviour during both classroom and non-classroom activities, being able to control feelings, thoughts and actions when interacting with fellow educators and students, and role-modelling. The evidence indicates that the nurse educators perceived themselves as possessing self-control.

Nurse educators perceived self-leadership as being a visionary leader; being a goal setter; and being a role model. Composite construct *goal-setting* measured aspects related to whether nurse educators perceived themselves as having a personal vision; having professional goals that reflect one's personal needs, motives and values; setting

high standards and motivating oneself to achieve the standards; developing strategies to meet one's professional goals; and setting professional goals that motivate one to move out of their comfort zone. The evidence indicates that the nurse educators perceived that they engaged in *goal-setting*.

Nurse educators also perceived self-leadership as being a self-motivator and being in possession of intra and interpersonal skills. Composite construct *positive self-talk*, measured the nurse educators' ability to recover quickly after moments of disappointment, feelings of failure or rejection, the ability to deal with distractions or disturbances that may affect their performance, as well as possession of good interpersonal skills in the nursing education institution. The evidence indicates that the nurse educators perceived that they engaged in *positive self-talk*. However, the evidence also showed that out of all the composite constructs in the subscale self-leadership, the construct *positive self-talk* was less important for the respondents compared to the others. This could be related to the fact that the importance of positive self-talk is often not appreciated amongst professionals (Konter, Beckmann & Loughhead 2019:241). Composite construct *constructive thought patterns* sought the nurse educators' opinions on whether they perceived that they should take time to visualise and rehearse the facilitation of lessons; whether they believed that they could motivate themselves by celebrating their achievements; and whether they visualised themselves successfully performing a task before they actually did it. The evidence indicates that the nurse educators perceived that they engaged in *constructive thought patterns*.

Under this theme, self-leadership was also viewed as related to knowledge, for example as being an initiator; being organised; being a knowledge-seeker and being a reflective practitioner. The benefits of self-leadership were also described, which included innovative and creative behaviours, self-awareness and self-mentoring. Self-leadership stimulated the sharing of ideas between nurse educators and institutional management, which in turn improved students' performance. Thus, self-leadership was perceived as beneficial for not only individuals, but also for educator teams and the institution as a whole, and engaging in self-leadership activities was perceived to lead to the individual nurse educators' improved performance during the teaching and learning dynamics, namely: self-development; self-reflection, and self-monitoring.

The composite construct *continuing professional development* mainly measured whether the nurse educators believed that it was their responsibility to engage in their own professional development, and whether they believed that engagement in CPD activities that are relevant to their area of work could facilitate their self-leadership. The evidence indicated that the nurse educators perceived that engagement in *continuing professional development* was a self-leadership activity, which could facilitate self-leadership.

Other self-leadership activities that nurse educators engaged in that led to improvement of student performance were role-modelling; teamwork; and taking leadership roles without having to wait for the designated leader to be present to perform. Composite construct *role modelling* provided examples of the aspects that nurse educators perceived as promoting role modelling to students and colleagues. These relate to meeting of set timelines, giving students timeous feedback, adherence to timetables, starting on time, preparing lesson plans, and being seen as ethical by colleagues, students and in society. The evidence indicate that the nurse educators perceived that they engaged in *role-modelling*, and that availability of role models could facilitate self-leadership.

The second theme that emerged was *motivational factors in self-leadership*, describing the role that motivation has on self-leadership. The nurse educators' motivation to engage in self-leadership was affected by internal and external factors. With regard to the internal motivating factors, nurse educators described having deep feelings of satisfaction after engaging in teaching activities, as teaching was inherently interesting, without expecting any form of rewards from the institution. The composite construct *natural reward* measured whether nurse educators derive deep satisfaction from the act of teaching students; find the subject or course that they currently teach to be naturally interesting; and whether they become deeply motivated and filled with a sense of purpose when students perform well. Evidence has indicated that the nurse educators are motivated to teach due to *natural reward*. In addition, the evidence also reveals that of all the composite constructs in the subscale self-leadership, nurse educators had a more positive perception for the construct *natural reward*. Kusdinar and Haholongan (2019:74) highlight the fact that external rewards in the form of awards, money, praise, or promotion do not promote self-leadership, instead, natural rewards bring about feelings of capability, forward-looking, responsibility, resilience, confidence, competence, and feelings of control.

On the other hand, nurse educators also indicated that their motivation to engage in self-leadership was also influenced by other stakeholders in the institution, such as their peers and students. It was also revealed that the nursing education institution itself also played a role in motivating nurse educators to engage in self-leadership activities. Nurse educators also indicated that there were factors that de-motivated from practicing self-leadership and this affected their performance. Examples of demotivating factors were lack of incentives; lack of management; and lack of peer support. It was therefore concluded that nurse educator motivation, whether internal or external, is central in nurse educator engagement in self-leadership and thus, all efforts should be made to eliminate the demotivating factors within the nursing education institution. The composite construct *intrinsic motivation* measured the nurse educators' perspectives on whether they believed that their teaching was driven by intrinsic motivation. The intrinsic motivation aspects included being proactive, involvement in self-directed initiatives, involvement in innovative and creative initiatives, having a natural desire to learn the mastery of the subject or course that the nurse educator taught. Another aspect in this construct was whether the nurse educators believed that they should have autonomy, control and ownership over their work in the nursing education institution. The evidence indicated that the nurse educators perceived themselves to possess *intrinsic motivation*.

The other composite construct *management support* measured the nurse educators' perceptions as to whether the management of the nursing education institution has a role to play in the facilitation of self-leadership in nurse educators, through interventions such motivating nurse educators to be autonomous and competent; through incentives; offering support; and ensuring that nurse educators have control and ownership over their work. The evidence showed that the participants perceived that *management support* could facilitate self-leadership in the nursing education institution. The evidence also shows that of the two composite constructs in the subscale motivation (intrinsic motivation and management support), the respondents had a more positive perception of the composite construct *intrinsic motivation* compared to *management support*, meaning that the composite construct *management support* was less important for the nurse educators compared to *intrinsic motivation*.

The last theme *facilitators of self-leadership in nurse educators*, described the factors that could enhance the nurse educators' engagement in self-leadership. The theme revealed

that the nurse educators were responsible for the facilitation of their own self-leadership. The management of the nursing education institution also had a role in the facilitation of nurse educator through strategies such as mentoring, succession planning, and management support. It was also revealed that individuals need not wait to be mentored, where instead, they should engage in self-mentoring, which is an act of leading oneself in an unknown work environment through resource finding, self-tutoring, listening and clarifying, reading and researching, and observing people in order to develop own skills to meet workplace expectations.

However, it was also revealed that there was lack of self-leadership awareness amongst the educators and the institutional leadership. In addition, rigid bureaucratic systems and autocratic leadership styles were identified as some of the barriers that contributed to lack of engagement in self-leadership amongst educators, and did not promote the sharing of information or knowledge in different departments within an institution. In order to address this, the factors that could facilitate self-leadership in educators were the leadership of designated leaders, such as transformational leadership, shared leadership, collaborative leadership, role modelling, and training in transformational behaviours and self-leadership strategies. The composite construct *shared leadership* measured the nurse educators' perspectives as to whether shared leadership through collaboration, succession planning, and feedback on performance could facilitate self-leadership. The evidence showed that nurse educators perceived that self-leadership could be facilitated through *shared leadership* in the nursing education institutions. The composite construct *autonomy-supportive environment* measured whether nurse educators perceived that the nursing education institution and its management provided an environment that facilitated self-leadership through provision of autonomy-related aspects, such as giving nurse educators room for failure, and encouraging them to take risks; involving nurse educators in decision-making processes; and supporting them in innovative and creative behaviours; as well as empower nurse educators by sending them to training programmes that stimulate their self-leadership. The evidence showed that the nurse educators perceived that an *autonomy-supportive environment* could facilitate self-leadership. Composite construct *role modelling* measured the nurse educators' perspectives on aspects perceived as promoting role modelling to students and colleagues. The aspects relate to meeting deadlines on tasks, giving timeous feedback to the students, adhering to teaching schedules (timetables), commencing with work on time, developing lesson plans in their preparations for teaching, and promoting ethical

attitudes towards colleagues, students and in society. The evidence indicates that nurse educators perceived *role-modelling* in the nursing education institution to be able to facilitate self-leadership. The evidence also showed that for the subscale self-leadership activities, nurse educators had a more positive perception for the constructs *autonomy-supportive environment* and *role modelling*, whilst they perceived the construct *continuing professional development* to be less important when compared to the other constructs in this subscale.

As evident from the data, the nurse educators were consciously aware of their strengths and weaknesses, mirrored themselves as leaders in-action, and were aware of the importance of their engagement in self-leadership activities to teaching and learning. The facilitation of the self-leadership within nurse educators is the responsibility of the individual nurse educators, and to a certain extent, their peers, and the institutional management. Overall, the evidence showed that nurse educators agreed the most on *natural reward*, *intrinsic motivation*, *role modelling* and *shared leadership*, as they had the highest medians (between 6.5 and 7), while the nurse educators agreed less with *management support* and *positive self-talk*, which had the lowest medians (below 6). There were no statistical significance for differences in the subscales, and the respondents' biographical properties such as age, gender, additional qualification, and teaching experience.

The integrated findings of Phases 1 and 2 formed the basis of the guidelines for the facilitation of self-leadership in nurse educators. Each of the three themes consisted of categories from which 12 guidelines were developed, based on the concluding statements from Phases 1 and 2, and the literature. These guidelines propose suggestions not only to the nurse educator and the management of the nursing education institution, but also to associated stakeholders, such as the nursing management, SANC, and government. The managers referred to in the guidelines are nurse educators in position of management of the nursing education institution such as principals, deputy principals, heads of department, academic or subject heads. Table 9.1 presents the final guidelines that were validated by the field experts in table format and are presented as concluding statements with associated recommendations for their implementation:

Table 9.1 Final validated guidelines to facilitate the self-leadership in nurse educators

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.1 Self-reflection	<ul style="list-style-type: none"> • Individuals have the capacity to self-reflect as they pursue their goals, which enable them to exercise self-control (self-regulation) over their thoughts, feelings, motivations and actions towards students. • Active and purposeful self-reflection lead to refinement of thoughts and behaviours and a realisation of the level of accountability they have towards students' teaching and learning in preparation of students for the rapidly changing and globalising workplaces. • Nurse educators actively engage in deep introspection in order to have a better understanding of their own conduct around others with the ultimate goal of making positive improvements and meaningful changes within the nursing education institution and influencing the student. • Acknowledging that teaching has a high emotional demand and stress should be managed to avoid a situation leading to educators experiencing feelings of self-doubt. 	<p>Promote self-leadership practices through taking ownership in self-reflection on own behaviour as a nurse educator</p> <p>Rationale: Engaging in self-reflection on one's teaching and interactions with others prepares nurse educators to respond appropriately to various education linked situations and improve interpersonal relationships with students and peers, as well as improve teaching and learning</p>	<ul style="list-style-type: none"> • Nurse educators engage in self-reflection by: <ul style="list-style-type: none"> ○ Continually questioning their teaching activities, self-correcting their performances and re-assessing their values, strengths and areas for growth or improvement. ○ Taking time to reflect on novel or uncertain situations that occurred in their classrooms and clinical practices, and evaluate the extent to which they adjusted their thoughts, behaviour or emotions to manage such situations. ○ Taking notes (journaling) about critical events of the day to reflect on achievements and areas of improvements to be addressed. ○ Soliciting feedback from significant others in the nursing education institution (colleagues, students, leaders) and clinical practises in hospitals and clinics on aspects of behaviour such communication, innovativeness, structuring of the work environment, acts of integrity and teamwork, decision-making, motivation, and interpersonal skills. ○ Constantly reflecting on whether they fulfil their expected role of being resourceful role models who embody the values and image of the nursing profession to their

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				<p>colleagues, students and other stakeholders.</p> <ul style="list-style-type: none"> ○ Modelling questioning behaviour and reflection as methods of teaching, and apply new ideas that contribute to the improvement of nursing education and nursing practice as well as the professional development of the students. ○ Engaging in the practice of mindfulness, wherein they can focus on the contexts and activities, with an understanding attitude. ○ Having a vision and engage in self-care methods and planning individual lifestyle behaviours that promote the attainment of optimum individual functioning and fulfilment (wellness), and participate in institutional wellness programmes, encompassing the physical, social, emotional, spiritual, intellectual and environmental aspects in an integrated way. <ul style="list-style-type: none"> ● The nursing education institution enhance nurse educators' self-reflection by: <ul style="list-style-type: none"> ○ Investing in skills development training programmes that focus on the development and enhancement of nurse educators' self-reflection skills and personal development. ○ Sending managers to undergo training on self-awareness and self-reflection, from which they will benefit with the ability to exercise self-reflection and supervisory skills

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				<p>that will enable them to empower nurse educators, create a favourable work climate for educators characterised by resilience, innovation and change.</p> <ul style="list-style-type: none"> ○ Introducing initiatives that promote self-leadership through supporting the nurse educators' work-life balance in the following ways: <ul style="list-style-type: none"> - develop work-life policies aimed at offering nurse educator assistance through being mindful of improved work scheduling such as flexi-hours, compressed work weeks, using authority effective job sharing, tele-communicating, leave options, and child or dependent care services, as a way of promoting improved quality of life, work performance, and organisational commitment. - managers are mindful of the concepts of emotional support (empathy, care, concern, and trust), instrumental support (time, money, resources, responsibility, and energy), appraisal support (assessment, consideration, approval, and opinion), and informational support (advice, insights, and suggestions), to apply it in their own lives, and which are essential in increasing work-life balance

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				<p>and facilitate self-leadership growth.</p> <ul style="list-style-type: none"> ○ Promoting a culture of wellness in the institution that addresses the holistic individual health needs of nurse educators by strengthening the external environment to enable nurse educators to take care of their own physical, psychological, social, and spiritual dimensions for them to achieve their full potential through being health conscious.
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.2 Self-control	<ul style="list-style-type: none"> • Nurse educators demonstrate genuine emotions, monitor and maintain a sense of internal control to their feelings, thoughts and actions when interacting with others such as students and peers, as this has an effect on the teaching-learning process. • Nurse educators who are aware of their thinking understand themselves, and are more readily able to make informed and logical decisions when working with students and colleagues. • Nurse educators with self-control intentionally identify and confront emotions that are disruptive to the teaching and learning process and their interpersonal relationship with peers and students. 	<p>Being self-motivated to exercise self-control during the teaching and learning processes</p> <p>Rationale: Engaging in self-control facilitates motivation to stay focused on long-term goals, self-chosen beliefs and principles and impulse and behaviour control as these have an effect on teaching and learning.</p>	<ul style="list-style-type: none"> • Nurse educators are self-motivated to engage in the following activities, through self-control: <ul style="list-style-type: none"> ○ Create opportunities to demonstrate positive relationships with students through showing trust, sharing power in developing suggestions, and respecting students' learning needs. ○ Develop credibility by demonstrating consistency and fairness in all activities, including establishing an understanding among students regarding, inter alia, classroom rules, allocation of marks (marking), monitoring student behaviour, and focus on following through on promises. ○ Strive to demonstrate qualities of being role models to peers and students and earn authority by demonstrating knowledge of the curricula, taking time to understand student development and learning theories. Self-discipline should be demonstrated in, for example,

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				<p>going to class prepared, demonstrating good teaching skills, being sensitive to students' needs and treating students with respect.</p> <ul style="list-style-type: none"> ○ Practice mindfulness by objectively observing and managing emotions through controlling one's thoughts and emotions, restraining from undesirable impulses, resisting temptations, breaking bad habits, keeping good self-discipline, maintaining self-motivation, and persisting with one's goals when difficulties arise. ● The nursing education institution implements preventative emotion-focused and task-focused measures to mitigate the onset of poor psychological functioning in nurse educators that may lead to emotional exhaustion and work disengagement, affecting self-leadership.
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.3 Self-goal setting towards a clear vision	<ul style="list-style-type: none"> ● Nurse educators set goals and prioritise them according to importance but this will require them to exercise discipline in order to achieve them. ● Self-goal setting produces positive effects on performance and other desirable outcomes ● Nurse educators have goals that reflect their needs, motives, values and environmental demands in order to improve their performance towards their set goals. 	<p>Set creative personal and professional goals that stimulate the use of purposefully selected teaching methods requiring the use of their personal skills in obtaining their vision</p> <p>Rationale: Setting own professional goals provides nurse educators with a sense of ownership over their teaching, which in turn directs their attention to their teaching, making the teaching activity personally meaningful and providing an opportunity to monitor their own progress towards their vision.</p>	<ul style="list-style-type: none"> ● Nurse educators engage in the following self-goal setting initiatives: <ul style="list-style-type: none"> ○ Create a personal vision that aligns their personal and professional goals. Professional goals that are challenging, reflect individual's personal needs, motives and motivate individuals to move out of their comfort zone but lead to improved performance. ○ Based on individual motivation, develop a personal mission statement that describes one's fundamental purpose, encompassing their own personal and professional objectives,

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				<p>actions, long-term goals, reflections and a guiding personal philosophy.</p> <ul style="list-style-type: none"> ○ In order for nurse educators to bring their own vision to life through their personal mission, they set goals that are specific, measurable, attainable, realistic, and time bound (SMART); then write down action steps, resources, time lines, and indicators of success through self-evaluation. ○ Compile a teaching portfolio that invokes reflection on one's personal teaching philosophy and encourages the development of personal teaching goals and objectives. • The nursing education institution inculcates the development and utilisation of an evidence-based coaching programme as an effective means of supporting personal and professional development for nurse educators towards self-leadership. The programme should cover the following: <ul style="list-style-type: none"> ○ Identifying desired personal outcomes and set vision. ○ Delineating specific personal goals. ○ Identifying personal strengths and building competence to enhance motivation ○ Identifying resources and formulating action plans to obtain self-actualisation. ○ Monitoring and evaluating progress toward the goals to measure own progress.

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				<ul style="list-style-type: none"> ○ Modifying action steps (based on evaluation of progress) for personal progress. • The nursing education institution creates a non-threatening coaching environment that promotes a supportive and confidential relationship between coach and the protégé in which to discuss personal and professional issues that hinder self-leadership. • The coaching programme aims to provide an important platform for purposeful change and development to take self-responsibility to reduce anxiety and stress and facilitate the development of new behavioural repertoires, as well as build self-efficacy and enhance well-being, and ultimately enhance self-leadership skills.
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.4 Self-development	<ul style="list-style-type: none"> • Nurse educators take their own initiatives to self-develop and improve their performances and not wait for the nursing education institution to develop them. • Nurse educators constantly update their knowledge and skills in their specialty areas or taught content to ensure continued learning and competence that keeps up with demands of society health challenges. • Nurse educators viewed continuing professional development (CPD) as an 	<p>Strengthen own capacity through engagement in self-development activities for the bigger teaching and learning environment</p> <p>Rationale: When nurse educators engage in self-development, they develop more competence and confidence thus producing a positive attitude towards their teaching and learning, which may in turn, lead to improved performance.</p>	<ul style="list-style-type: none"> • Nurse educators engage in self-development in response to the changing demands from the health and education environment, without waiting for opportunities for training and development from the nursing education institution, in the following ways: <ul style="list-style-type: none"> ○ Identifying own learning needs for self-development based on the current and future health and education trends, as well as the nurse educator competency framework as published by the South African Nursing Council. ○ Constantly updating their knowledge, in their specialty areas

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		<p>intervention that would motivate them to engage in self-leadership.</p> <ul style="list-style-type: none"> • Nurse educators attend courses which are relevant to the content that they teach so that they can develop. 		<p>or taught content to ensure continued learning and competence, while focusing on their own values and attitudes.</p> <ul style="list-style-type: none"> ○ Taking time to research new information and developments in their areas of teaching through self-directed learning. ○ Use networking as a tool to facilitate their professional development when meeting others who can learn of the quality of their work, and who might later serve as references, provide peer review, and nominate them for scholarly awards. ○ Maintain a professional record (curriculum vitae and portfolio) that demonstrates current nursing and teaching competence. ○ In the absence of designated mentors, nurse educators should show initiative and find resources to read, research and observe colleagues in order to develop the necessary teaching skills. ○ Engage in own professional development through activities such continuing professional development (CPD) activities that are relevant to their area of work, for example attending workshops, courses, seminars and conferences. • The nursing education institution should support nurse educator's life-long learning and self-directed learning by conducting training needs analysis annually and encourage nurse

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				<p>educators in pursuing formal and informal training in their areas of practice in line with the institutional strategic goals. An example of informal training is seeking out coaching opportunities for nurse educators.</p> <ul style="list-style-type: none"> • The South African Nursing Council should be advised to implement the long-awaited CPD system that promotes life-long learning and taking their own decisions. In this way, nurse educators can through taking their own decisions, pursue and achieve professional growth, remain up to date and relevant to the constantly changing health and education needs of the population throughout their careers in a sustained manner.
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.5 Role modelling	<ul style="list-style-type: none"> • Nurse educators demonstrate self-leadership through role modelling good behaviour to peers and students. • Being a role model is perceived as a self-leadership practice. • Nurse educators are consciously aware that they play an influential role in the professional socialisation and development of students. • Self-leadership was viewed as a practice that promotes the image of the nursing profession, through effective communication and demonstration of good conduct. 	<p>Be self-motivated in engaging with students and peers through acting as a role model by effective teaching behaviours and qualities.</p> <p>Rationale: Nurse educators who role model positive behaviours provide an example for colleagues and students, leading to improved performance.</p>	<ul style="list-style-type: none"> • Nurse educators endeavour to accomplish the following activities: <ul style="list-style-type: none"> ○ Be determined to know all areas of the theoretical component of the nursing curriculum; areas of clinical practice in nursing; evidence-based and up-to-date nursing content and related subjects; as well as contemporary issues in health and nursing. ○ Have the characteristics of a role model with critical thinking in all areas of teaching, including theory and clinical aspects, promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling. ○ Role model the following activities to students and colleagues: work ethics, meeting deadlines on tasks,

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				<p>giving timeous feedback to students, adhering to teaching schedules (time tables), commencing work on time, and developing lesson plans.</p> <ul style="list-style-type: none"> ○ Have a passion to addressing the professional image of nursing through attending to personal appearance (dress), posture, personal habits, manner of speaking, self-confidence, quality of work and orderliness of the work environment (being organised). ○ Role model respectful and professional behaviours, and demonstrate caring and regard for their subordinates.
1 Taking ownership of one's self-leadership in self-reflection on own behaviour as a nurse educator	1.6 Collaboration	<ul style="list-style-type: none"> ● Nurse educators and other stakeholders collaborate and work together collectively as a team to pull together resources and ideas. ● Divisive groups and cliques within nursing education institutions undermine teamwork. ● Self-leadership is beneficial not only for individuals but it also for educator teams and the institution as a whole. ● An example of collaboration through taking leadership role is performing duties of designated or formal leaders such as academic head of department and principal when they were engaged elsewhere outside of the institution. 	<p>Influence oneself to engage in teamwork to share innovative ideas with peers towards self-leadership</p> <p>Rationale: When nurse educators work together, they form professional and personal relationships, draw support from each another and can share tasks that allow each teacher to feel effective, ultimately contributing to the institution's improvement and student success.</p>	<ul style="list-style-type: none"> ● The nurse educator collaborates by: <ul style="list-style-type: none"> ○ Developing, managing and evaluating curriculum, programmes, courses and clinical teaching and learning experiences with colleagues. ○ Assuming roles in the absence of colleagues including the leadership role in the absence of designated leaders. ○ Self-mirrors feedback from peers and students in order to evaluate own teaching competencies and to improve role effectiveness. ● The nursing education institution collaborates by: <ul style="list-style-type: none"> ○ Providing a platform for peer support that facilitates collaboration, self-innovation, and pedagogical inquiry.

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				<ul style="list-style-type: none"> ○ Ensuring adequate teaching and learning resources that support the nurse educators' own instructional styles, and minimise competition for resources amongst nurse educators with creative ideas. ○ Creating an environment that encourages nurse educators to form their own communities of teaching and learning with their colleagues (peers). ○ Creating an environment that facilitates dialogue among nurse educators beyond direct task fulfilment or any other departmental demands. ○ Assisting nurse educators to build a rapport and respectful professional relationships in which they view one another not as competition, but as equal scholar practitioners with whom they can derive expertise as well as emotional and professional support; encouraging a collaborative culture built upon narrative experiences. ○ Encouraging the practice of knowledge sharing amongst nurse educators within the institution, and discuss different ideas around curricula and programme design, development, management, delivery and evaluation, thus supporting innovation. ○ Taking bold decisions and replace entrenched bureaucratic practices, hierarchies and power structures to enable collaboration and teamwork

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				activities amongst nurse educators and their managers.
2 Motivational factors in nurse educator self-leadership	2.1 Intrinsic factors	<ul style="list-style-type: none"> • Nurse educators described feelings of satisfaction after engaging in certain activities, without any expectation of any form of rewards from the institution. • Nurse educators with a positive inner drive demonstrate development of deep interest in their own work to achieve academic success. • Educators were intrinsically motivated when they engaged in activities for their inherent pleasure and satisfaction. • Educators experienced a deep sense of gratification when they perceive their teaching as successful. 	<p>Engage in self-directed activities that promote feelings of confidence, self-efficacy and competence to believe in oneself</p> <p>Rationale: Intrinsically motivated nurse educators are focused on their core values, purpose and direction, enjoy teaching for natural reward and are more likely to take responsibility and accountability of their actions, participate in decision-making processes and motivate others to engage in self-leadership activities to improve their performance.</p>	<ul style="list-style-type: none"> • Nurse educators motivate by: <ul style="list-style-type: none"> ○ Being enthusiastic by showing interests and enjoyment in their teaching, as they will become more intrinsically motivated and believe in themselves when they see students learn and grow in the profession. This intrinsic motivation will facilitate nurse educators to feel naturally drawn, or pulled toward completing their tasks based on personal enjoyment in a manner that is fully volitional, self-determined and autonomous. ○ Being creative educators, who utilise innovative teaching methodologies and incorporate the following social and digital integrated systems of technology in their teaching: socio-digital networking; flexible use of digital media; multitasking; intellectual ICT tools; internet searches; working on screen; using smart phones and phones when preparing a group solution; extended networks; knowledge creation. ○ Engaging in upscaling or updating of own skills in order to adapt themselves to the ever-changing systems and technologies such as those brought about by the Fourth Industrial Revolution (4IR).

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				<ul style="list-style-type: none"> • The nursing education institution motivates by: <ul style="list-style-type: none"> ○ Providing nurse educators with space and autonomy to be creative and self-direct, leading to feelings of satisfaction. ○ Encouraging nurse educators to be aware of innovative, creative and take risks in the classroom and not to give up when they experience difficulties during the teaching and learning process. ○ Preparing professional development programmes for managers in the nursing education institution on the integration of nurse educators in participative decision-making processes and dealing effectively with their new ideas to promote a positive organisational climate for psychological empowerment of nurse educators. ○ Providing opportunities for all nurse educators in professional development programmes to build their capacity as the next generation of leaders in the nursing education institution. ○ Giving nurse educators freedom to engage in teaching and learning scholarships of their interest, which strengthens their capacity, and allows them showcase their abilities and being recognised by their peers and related communities.

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				<ul style="list-style-type: none"> ○ Ensuring that nurse educators have access to support, information and resources needed to promote student learning, which will increase their sense of accomplishment and be intrinsically motivated to teach. <ul style="list-style-type: none"> - Support refers to feedback and guidance received from superiors, peers, and subordinates. - Information refers to the data, technical knowledge, and expertise required to function effectively in one's position. - Resources are the materials, budget, supplies, equipment, and time necessary to accomplish organisational goals.
2 Motivational factors in nurse educator self-leadership	2.2 Extrinsic factors	<ul style="list-style-type: none"> ● Financial rewards were viewed as a source of motivation to teach. ● Nurse educators indicated that they relied on the performance appraisal system, feedback from supervisors showing appreciation, as well as the fringe benefits of contractual nurse educators as incentives that motivated them to improve their performance. ● Rewards such as “pay for performance” can result in extrinsic focus, which can produce short-term gains on targeted outcomes, and lead to negative spill-over effects on 	<p>Encourage nurse educators to rely on internal sources for self-satisfaction and demonstrating their unique competencies</p> <p>Rationale: To discourage nurse educator reliance on external factors such as recognition, rewards and incentives for motivation; and instead encourage promotion of nurse educator engagement in activities that promote deep satisfaction, knowledge and feelings of competence.</p>	<ul style="list-style-type: none"> ● Nurse educators motivate by: <ul style="list-style-type: none"> ○ Engaging in co-learning, self-development and participation in optimally challenging tasks in order to increase feelings of competence and self-determination when executing duties. ○ Having a set purpose to adequately prepare lessons, manage classes effectively, and seek access to supportive environment, so that they eventually achieve mastery in a subject. ○ Creating a people-oriented environment that emphasises effort and progress in feedback to their students, leading to

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		<p>subsequent performance and work engagement.</p> <ul style="list-style-type: none"> • The nurse educators derived motivation from external motivators such as colleagues, management and incentives. 		<p>satisfaction when students learn new skills, improve and cooperate to learn.</p> <ul style="list-style-type: none"> ○ Identifying enjoyable aspects of work activities such as teaching a subject that is naturally interesting or focusing on an interesting subject due to the natural desire to learn mastery of it. ○ Possessing the following elements that promote deep satisfaction, knowledge and feelings of competence: <ul style="list-style-type: none"> - <i>Vigour</i>: display passion, high energy levels and mental versatility when working, and must always have the readiness to put increased effort in one's work and be innovative even when faced with challenges. - <i>Dedication</i>: display a solid presence in their work, defined by excitement and pride in their activities, and feeling invigorated by it. - <i>Absorption</i>: completely focused and completely immersed on their work, without giving attention to distractions. • The nursing education institution motivates by: <ul style="list-style-type: none"> ○ Providing opportunities for CPD training workshops and scholarships for nurse educators to study further to enhance their self-mastery of subject content in their areas of speciality.

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				<ul style="list-style-type: none"> ○ Striving to recruit nurse educators with the following self-leadership dispositions that are intrinsic in nature: <ul style="list-style-type: none"> - Reflective temperaments such as self-awareness, competency, open-mindedness, empathy, open-mindedness, justice, logical reasoning, courage, commitment and confidence, empathy, responsibility and accountability should be visible. - Motivation, enthusiasm and perseverance (resilience) - Good interpersonal relationship and communication skills. ○ Ensuring that the managerial and leadership practices in the institution make employees feel free, autonomous and psychologically empowered. ○ Allocating nurse educators in situations and positions that highlight and acknowledge their value and relevance to the institution, such as allocating them to teach the subjects of their choice or specialisation. ○ Contributing into nurse educator empowerment by mobilising resources, support and information needed for educators to effectively accomplish their work. • The nursing education institution ensures the following are in place with regard to the performance management system:

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				<ul style="list-style-type: none"> ○ The performance management system is crafted in such a way that the institution identifies the human, financial, technical and institutional support available for nurse educators and locate the consequences on the natural or logical result of individual performance rather than a reward or incentive. ○ During appraisals, nurse educators are given an opportunity to evaluate themselves and measure their own success, using a criteria that they themselves helped to write upfront (self-accountability), thus engaging in self-leadership within the framework of the agreement.
3 Facilitation of self-leadership in nurse educators	3.1 Self-leadership training	<ul style="list-style-type: none"> ● Organisations invest in the development of self-leadership strategies of staff to adapt and enhance their self-leadership skills. ● There should training programmes offered to nurse educators, which are aimed at stimulating their self-leadership. ● Organisations invest in developing self-leaders through training that enhances self-leadership skills to improve overall functioning of the organisation. ● Organisations train personnel to adapt and enhance their self-leadership skills and 	<p>Enhance nurse educators' self-leadership competencies through training in self-leadership strategies</p> <p>Rationale: Training nurse educators on self-leadership competencies could strengthen their self-leadership capacity and improve performance through awareness of own strengths in using self-leadership strategies</p>	<ul style="list-style-type: none"> ● The nursing education institution provides training to nurse educators and their managers on self-leadership strategies, focusing on the following areas, amongst others: <ul style="list-style-type: none"> ○ The three dimensions of self-leadership namely; thought pattern strategies, behaviour-focused strategies and natural reward strategies. ○ skills for addressing difficult, unattractive, but necessary tasks; skills for building natural motivation into work; and skills for establishing constructive thinking patterns; and ○ mindfulness training can be integrated into the training to promote greater emotional awareness and emotional

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		thereby improve their performance.		<p>regulation, along with increased feelings of calmness, relaxation and self-acceptance.</p> <ul style="list-style-type: none"> • The following are some considerations to be taken into account when preparing for a self-leadership programme: <ul style="list-style-type: none"> ○ There must be a firm belief on the individual nurse educator's part that he or she wants to set and commit to the goals of the self-leadership programme and must possess a strong commitment to change. ○ Because self-leadership training is a unique type of intervention that explicitly teaches skills associated with conscientious behaviour, nurse educators who are already conscientious may not be suitable as they already have the ability to engage in goal-setting and self-directed behaviour and have a lesser need for self-leadership training. ○ Individuals should be prepared to practise self-leadership techniques with one behaviour at a time, allowing them to focus effort on the behaviour to be changed. ○ The programme and its activities should be such that it discourages the individual from concentrating on activities with immediate rewards that may be detrimental to self-leadership. • The individual should be motivated to keep track of and monitor his or her own behaviour (self-monitoring).

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3 Facilitation of self-leadership in nurse educators	3.2 Management and peer support	<ul style="list-style-type: none"> • Provision of support by peers facilitates nurse educators feeling motivated and emotionally stimulated to continue engaging in teaching and learning activities. • Factors such as professional jealousy exacerbate nurse educators not supporting each other and working in isolation. • Divisive groups and cliques undermine teamwork within the nursing education institutions. • Nurse educators expect to be recognised, respected, treated fairly and equally, and provided with guidance when they are delegated activities that are challenging in nature. • When individuals receive clear feedback and support from management, they are likely to become more autonomously motivated, perform and learn better, and be better adjusted in their engagement in self-leadership. 	<p>Strengthen the positive self-image of the nurse educator through support towards self-leadership behaviours through management and peer support</p> <p>Rationale: Provision of support by colleagues and management would ensure that nurse educators get access to available expertise and resources necessary for practising self-leadership in the nursing education institution</p>	<ul style="list-style-type: none"> • The nursing education institution manages by: <ul style="list-style-type: none"> ○ Providing an open platform that seeks to offer nurse educators support with feedback and guidance from their superiors, peers, and subordinates on matters related to classroom content and instruction. ○ Supporting nurse educator engagement in collegial relationships in order to provide personal and professional support to each other so that there can be enhanced understanding of individual role expectations, career-related issues and relationships within the institution, which in turn improves the self-confidence of other educators. • Managers in the nursing education institution are encouraged to: <ul style="list-style-type: none"> ○ Support their colleagues by providing coaching, with emphasis on <i>affective or emotional support</i> towards self-coaching This type of support is useful when educators need assurance when they have doubts about the effectiveness of their teaching, their knowledge about the teaching/curriculum framework and its implementation, their teaching strengths, and areas in which they can improve. This support could encourage nurse educators to take risks in the classroom and not to give up when they experience difficulties during the teaching and learning process.

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				<ul style="list-style-type: none"> ○ Be mindful of the different and unique individual nurse educators' strengths and areas of support and consider their needs, abilities, and aspirations in such a way that facilitates innovation and empowers nurse educators with their varying levels of enthusiasm toward self-direction and cooperation. ○ Undergo emotional intelligent leadership skills programmes as these skills are vital for the creation of an authentic, supportive environment that facilitates a positive empowerment process for nurse educators' well-being, and creates a work climate characterised by new ways of thinking, innovative knowledge creation and resilience. ● The nursing education institution provides autonomy-supportive work climates in the following ways: <ul style="list-style-type: none"> ○ Training and encouraging managers in the nursing education institution on the utilisation of autonomy-supportive managerial styles that provide nurse educators' autonomy support, whereby managers strive to understand and acknowledge the nurse educator' perspectives, encourage self-initiation (initiative behaviours), minimising pressures and controls, and providing relevant information and meaningful rationale. ○ Creating an environment wherein managers are encouraged to socialise with nurse educators on

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				<p>enhancing intrinsic motivation as it plays a significant role in persistence, performance, and productivity with the potential to increase effectiveness outcome.</p> <ul style="list-style-type: none"> ○ Creating an environment that encourages educators to take personal initiatives, offer opportunities for making choices, provide optimal challenges to employees, support educators' unique competencies and facilitate social interactions. ○ Fostering and encouraging autonomy-supportive leadership practices from managers. Examples include efforts by managers to seek staff input on policies, provide opportunities for staff to be involved in institution-level decision-making, listen to educators' needs, attempt to understand issues from educators' perspectives, and provide positive reinforcement regarding the educators' ability to effectively fulfil the requirements of their job.
3 Facilitation of self-leadership in nurse educators	3.3 Management leadership style	<ul style="list-style-type: none"> ● Many leaders may not know how to lead in a way that facilitates self-leadership, therefore there is a need for leaders to learn new leadership styles that will encourage them to seek self-leadership. ● A participative leadership style that facilitates nurse education self-leadership through involvement in decision-making is necessary. 	<p>Facilitate the integration of effective management styles with the nurse educators' self-leadership behaviours</p> <p>Rationale: Certain management leadership styles could be effective in supporting and sustaining nurse educator self-leadership.</p>	<ul style="list-style-type: none"> ● Managers in the nursing education institution integrate effective management styles that facilitate self-leadership of nurse educators in the following ways: ● Utilising the transformational style of leadership, which will challenge the nurse educators to explore and seek innovative approaches during their teaching and learning activities through idealised influence, intellectual stimulation, individualised

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		<ul style="list-style-type: none"> • Rigid bureaucratic systems and autocratic leadership styles are some of the barriers that contribute to lack of self-leadership amongst educators and restrict academics from leading. Removal of these leadership styles could facilitate self-leadership. • Ineffective management and leadership styles have a negative influence in nurse educator engagement in self-leadership activities in a nursing education institution. 		<p>consideration, and inspirational motivation.</p> <ul style="list-style-type: none"> • Using the participative and shared leadership styles to facilitate self-leadership through flattening the supervisor–subordinate hierarchical structure between them and nurse educators. This will facilitate a non-threatening work environment that has high level of trust, where managers share their authority with nurse educators and ensure that nurse educators contribute at all levels of decision-making processes in the institution. However, both the managers and nurse educators will need to demonstrate accountability within the flattened structure. • Requesting, valuing, and respecting the feedback of their nurse educators at direct individual level, such as when new developments are introduced, so that nurse educators feel valued and that they are part of the decision-making and problem-solving processes in the institution. • Attending self-leadership training programmes as these programmes will enhance the managers’ abilities to self-direct, manage their personal thoughts, emotions and behaviours, set personal goals and be proactive.
3 Facilitation of self-leadership in nurse educators	3.4 Mentoring	<ul style="list-style-type: none"> • Nurse educators expected themselves, their colleagues and the institution to play a role in the mentoring of new nurse educators. 	<p>Encourage the nurse educator to demonstrate own self-identity in partaking mentoring</p> <p>Rationale: Mentoring of new, inexperienced nurse educators’</p>	<ul style="list-style-type: none"> • The nursing education institution facilitates mentoring and coaching by: <ul style="list-style-type: none"> ○ Developing a structured mentoring plan or policy that legitimises the examination of the knowledge and skills needed to accomplish specific

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		<ul style="list-style-type: none"> • The nursing education institution provide a supportive environment that ensures that nurse educators, specifically inexperienced ones, are mentored and coached. • Nurse educators described mentorship as a missing strategy at their respective institutions. • Traditional mentoring programmes are heavily reliant on financial and human resources, and therefore new nurse educators must be innovative, self-reflective, autonomous and become self-mentors. • Junior personnel in the institution are given the opportunity to lead the institution • There is succession planning in the nursing education institution so that when leaders leave positions there are nurse educators prepared to lead the institution 	could re-inforce their self-confidence, self-efficacy, provide opportunity for growth and feelings of empowerment, which are essential for improved performance.	<p>objectives and expected outcomes, so that the mentoring is clearly coordinated, and establishes higher self-esteem and a greater sense of appreciation for the mentor and mentee.</p> <ul style="list-style-type: none"> ○ Ensuring that there is availability of adequate experienced mentors that have personal, relational and professional attributes, and a mentoring programme to ensure positive mentoring experiences for nurse educators. ○ Ensuring that the mentoring plan or programme includes all activities and roles related to theory and practice such as curriculum development, learning strategies, the core values of higher education, emotional and psychological support, lesson preparation and observation, lesson analysis, and class management. Other significant skill areas for mentoring are publishing and establishment of a research agenda. ○ Ensuring that there is continued monitoring and evaluation of the quality of mentoring that allows the mentor and mentee opportunity to evaluate the mentoring programme to determine its strengths and weaknesses in addressing self-leadership. ○ Providing training programmes on self-leadership for mentors to ensure that they offer high quality mentoring with appropriate skills and

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<p>knowledge; are capable of evaluating their own mentorship style; adopt an empowering mentorship style that seeks to facilitate the independence of the mentee; and able to reflect on the challenges and potential drawbacks encountered during the mentoring process.</p> <ul style="list-style-type: none"> • In the absence of a mentor, nurse educators engage in the following initiatives: <ul style="list-style-type: none"> ○ Subscribe to journals to enable them to review f relevant research articles for their own development. ○ Participate in special committees of their interest within the institution. ○ Attend conferences or join social networking sites that focus on their specialisation or interest. ○ Take advantage of electronic learning; opportunities that relate to areas of interest and motivate them. ○ Identify opportunities that provide meaningful feedback for personal development. ○ Engage in collegial discussions that inspire collaborative learning to enhance teaching. • The nursing education institution provides succession planning in the following ways: <ul style="list-style-type: none"> ○ Proactively include succession planning in its strategic goals to ensure that there is a planned and structured provision of sustainable leadership capacity, which will help keep the institution's competitive

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<p>advantage in achieving its strategic goals and realise its mission.</p> <ul style="list-style-type: none"> ○ Succession planning be a strategically planned and structured process, so that young, talented and potential successors can be identified and prepared through training and development to acquire skills, insights, and attitudes to manage other nurse educators in the future. ○ Succession planning policy includes a transparent selection criteria for potential candidates with leadership talents and skills (acceleration pool) to fill the identified gaps, so that they can be appropriately mentored to prepare them for higher, leadership positions. ○ Ensuring that time and financial resources are set aside for the development of potential leaders. Examples of programmes that can empower selected young potential leaders are self-leadership, financial management, conflict management, human resource management skills, governance, project and case management. ○ Developing a sustainable education and growth plan that provides opportunities for potential educational leadership, using strategies such as mentoring and coaching. When the opportunity for a vacancy arises, the nursing education institution should follow (adhere) to its staff recruitment

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<p>policies for filling vacancies to ensure a fair and credible process, and not unjustly favour the candidate on the succession planning programme.</p> <ul style="list-style-type: none"> ○ There should be an opportunity that allows for amending of the job descriptions of the managers at nursing education institutions to include the responsibility of developing a succession plan for their own position.

9.5 RECOMMENDATIONS

The following recommendations are based on the findings of the study and the proposed guidelines.

9.5.1 Recommendations for education

To improve education and training through self-leadership, the following recommendations are made:

- Since nursing education entails a myriad of activities for nurse educators, there should be continuous self-reflection to ensure engagement in self-leadership practices during all activities in which nurse educators are involved in such as clinical accompaniment, clinical teaching, facilitation of theory, institutional committees, coordination of teaching or clinical learning, quality control, student administration and student counselling. In addition, self-leadership practices should not be confined to nurse educators only, but institutions should strive to improve the self-leadership skills of managers by sending them to capacity development workshops on self-leadership strategies.
- Nursing education institutions should include self-leadership related questions or assessments during the recruitment activities for nurse educators in order to acquire recruits that possess self-leadership dispositions that are intrinsic in nature such as reflective temperaments, intrinsic motivation, good interpersonal relationship and communication skills.
- University-based nursing departments, as providers of post-graduate qualifications in Nursing Education and Nursing Management should utilise the findings of the study to include modules such as personal leadership (leading the self), self-reflection, self-control, and self-goal setting when designing their curricula.
- Nursing education institutions should invest in in-service training programmes that focus on the development and enhancement of the nurse educators and their managers' self-leadership skills.
- Nursing education institutions need to place specific emphasis on inclusion of self-leadership in undergraduate curricula so as to help enhance the self-leadership skills of student nurses in preparation for service.

9.5.2 Recommendations for practice

Nursing skills are learnt through positive role modelling during clinical training of students by clinical preceptors and other professionals in the clinical areas. Thus, clinical preceptors should be trained on self-leadership skills, and always be mindful that they are being observed by students on an ongoing basis so as not to underestimate the effect that their actions and behaviours have on student nurses.

9.5.3 Recommendations for policy

The self-leadership strategies, namely behaviour-focused strategies, natural reward strategies, and constructive thought pattern strategies should be viewed as an individual's alternative to the nursing education institution's rules, policies, and procedures. Thus, when drafting policies, the institution should strive to ensure that institutional policies promote the recognition and facilitation of nurse educators' self-leadership as a viable and more realistic view of intrinsic motivation and autonomy that stimulate improved performance in nurse educators. Policies that are centered on external control, such as designated leaders, promote over-reliance on external rewards and rigid bureaucratic controls, stifling personal growth.

9.5.4 Recommendations for future research

The researcher recommends that further research be conducted into the following issues that emerged in the practice and facilitation of self-leadership in nurse educators:

- Examining how nurse educators can be trained on self-leadership skills, with the ultimate purpose of developing a standardised training methodology of self-leadership.
- Evaluating the effectiveness of the developed guidelines on the facilitation of self-leadership in nurse educators.
- Identifying of self-leading nurse educators and audit how their practices improve the performance of student nurses.
- Exploring some of the concepts that emerged in the study further, related to intrinsic motivation and have an effect on or influenced by self-leadership, for example autonomy-supportive environment and self-mentoring.

- Designing a performance management tool that promotes intrinsic motivation in nurse educators.
- Further research on whether biographical features of the participants which were not the focus of the study such as age, experience, gender, years of experience, type of nursing education institution and additional qualification are influential in the utilisation of self-leadership strategies.

9.6 CONTRIBUTION OF THE STUDY

Self-leadership of nurse educators contributes to the relations between students and nurse educators during the teaching-learning process, as well as the relations between nurse educators and other members of staff in nursing education institutions. When policymakers and the management of nursing education institutions cultivate self-leadership among nurse educators, they improve the overall functioning of nursing education institutions. In turn, when a nursing education institution functions optimally, they will produce nurses that are responsive and feel accountable to providing quality nursing care.

This study makes a unique contribution to the body of knowledge in nursing, providing guidelines to facilitate self-leadership in nurse educators. The study provides insight into the concept of self-leadership in nurse educators in the context of nursing education in private nursing schools, public nursing colleges, and university-based nursing education departments.

9.7 LIMITATIONS OF THE STUDY

The study was conducted in nursing education institutions across two of the nine provinces in South Africa, namely, Gauteng and KwaZulu-Natal. The findings of the study can therefore not be generalised beyond these provinces, but could be applied to other institutions in the remaining provinces. With regard to the integrative literature review, limited information on nurse educator self-leadership compelled the researcher to borrow from other contexts of educators, such as school teachers and university faculty that teach subjects other than nursing. Thus, some of the information might not be applicable to nurse educators. Despite these limitations, the study provided insight into the meaning

of the concept self-leadership in the education context, as well as providing guidelines for implementation.

9.8 CONCLUDING REMARKS

The question of what could be done to facilitate the self-leadership within nurse educators in nursing education institutions yielded interesting evidence. The findings revealed that, although the nursing education institutions and managers had a role to play in the facilitation of self-leadership in nurse educators, it was the individual nurse educators themselves who were central to the facilitation of their own self-leadership. Simply put, nurse educators have the capacity to self-direct and motivate themselves to efficiently carry out their assigned roles and responsibilities in the nursing education institution. The study's objectives of exploring and describing the meaning of self-leadership within a nursing education institution, as well exploring and describing the perceptions of nurse educators with regard to their self-leadership, were achieved. In addition, the study determined the self-leadership practices of nurse educators in a nursing education institution. Lastly, a set of guidelines was developed and validated. It is hoped that this set of guidelines may be used to facilitate the self-leadership in nurse educators. If nurse educators in the institutions and clinical areas engage in self-leadership practices, this can easily be inculcated in student nurses through professional socialisation, resulting in production of nurses who have a greater influence in the provision of quality patient care as they would have self-leadership dispositions.

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ANNEXURES

ANNEXURE A: ETHICAL CLEARANCE CERTIFICATE FROM UNISA



UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HS HDC/406/2015

Date: 18 March 2015 Student No: 5575-218-7
Project Title: Guidelines for the facilitation of self-leadership in nurse educators.
Researcher: Vhothusa Edward Matahela
Degree: D Litt et Phil Code: DPCHS04
Supervisor: Prof GH van Rensburg
Qualification: D Litt et Phil
Joint Supervisor: -

DECISION OF COMMITTEE

Approved



Conditionally Approved



Prof L Roets
for **CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

L. Roets

MM Moleki
Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B: LETTERS REQUESTING AND GRANTING PERMISSION FROM GAUTENG AND KWAZULU-NATAL PROVINCIAL DEPARTMENTS OF HEALTH

GAUTENG PROVINCIAL DEPARTMENT OF HEALTH

Requesting permission

433 Jasmyn Avenue
Silverton
0184

05 October 2015

Head of Department
Gauteng Department of Health
37 Sauer Street
Private Bag X085
Marshalltown
2107

Dear Dr B Ikalafeng

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT SELECTED NURSING COLLEGES IN GAUTENG

I am a D Litt et Phil (Health Studies) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at a selected nursing college in the Gauteng Province. Data will be collected through focus group interviews of 6-8 nurse educators for the duration of approximately 45 to 60 minutes, at the selected nursing college. The time used for the research will not interfere with the functioning of the college and will be agreed upon with the College

Principal. The interview will be audiotaped for verification of findings by an independent expert in qualitative research. Data will also be collected through questionnaires from nurse educators who work in the remaining nursing colleges which will not be selected for the qualitative phase of the study.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. I will safeguard the identity of the participants by not mentioning their names and the nursing colleges where they work. Confidentiality will be assured by erasure of taped material on completion of transcripts of audiotapes. Participants will not be required to fill in their names on the questionnaires. The research will commence as soon as your permission is granted. Research results will be made available to you and the selected nursing colleges on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

Postal address:

433 Jasmyrn Avenue

Silverton

0184

Thank you



MR V.E. MATAHELA (DLITT ET PHIL-HEALTH STUDIES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensgh@unisa.ac.za

Letter granting permission



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (Principal investigator)	Mr VE Matahela
Organization / Institution	UNISA
Research Title	Guidelines for the facilitation of self-leadership in nurse educators
Contact number	Address: N/A Contact no: 012 395 3884 Cell: 082 531 41112 Email: vhothusa@yahoo.com
Protocol number	GP2015RP51 870
Date submitted	07/10/2015
Date reviewed	26/11/2015
Outcome	Approved

It is a pleasure to inform you that the Gauteng Health Department has approved your research on "Guidelines for the facilitation of self-leadership in nurse educators"

Study sites: JHB Metro and Tshwane Districts.


The Provincial Protocol Review Committee kindly requests that you to submit a report after completion of your study and present your findings to the Gauteng Health Department.

Recommended/~~Not Recommended~~


Dr. B. Ikalafeng
(on behalf of the PPRC)

Date: 01/12/2015


Approved/~~Not approved~~


Dr. LRR Lebethe
Acting DDG: Clinical Service

Date: 03/12/15

KWAZULU-NATAL GAUTENG PROVINCIAL DEPARTMENT OF HEALTH

Request for permission

PO BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

10 August 2018

Dr S Mthembu
The Principal: KwaZulu-Natal College of Nursing
P/Bag X9089
PIETERMARITZBURG
3200

E-mail: Sindizama.Mthembu@kznhealth.gov.za

Dear Dr Mthembu

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE KWAZULU-NATAL COLLEGE OF NURSING CAMPUSES

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng and KwaZulu-Natal Provinces. Data will be collected through the following ways:

- one focus group interview of 6-8 nurse educators for the duration of approximately 45 to 60 minutes, at one campus.
- completion of an anonymous questionnaire by nurse educators at the remainder of the campuses. Completing the questionnaire will only take approximately thirty (30) minutes.

The time used for the research will not interfere with the functioning of the nursing college and will be agreed upon with the relevant campus heads.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR VE MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:

Health Research & Knowledge
Management

HRKM Ref: 332/18
NHRD Ref: KZ_201808_029

Dear Mr VE Matahela
University of South Africa

Approval of research

1. The research proposal titled '**Guidelines for the facilitation of self-leadership in nurse educators**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at the following Colleges of Nursing: Addington, Benedictine, Charles James Memorial, Edendale, Grey's, King Edward VIII, Madadeni, Ngwelezane, Port Shepstone, Prince Mshiyeni Memorial and RK Khan.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

Date: 08/09/18

ANNEXURE C: LETTERS REQUESTING AND GRANTING PERMISSION FROM NURSING EDUCATION INSTITUTIONS

ANN LATSKY NURSING COLLEGE

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

05 April 2018

Mrs R Ramahlafi
The Principal
Ann Latsky Nursing College
Private Bag X40
AUCKLANDPARK
2006

Dear Mrs Ramahlafi

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT ANN LATSKY NURSING COLLEGE

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies and the Gauteng Department of Health. Please find attached the ethical clearance certificate and the Gauteng Department of Health approval.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the nursing college and will be agreed upon with the nursing college principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the nursing college where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the nursing college on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

**Enquiries: Mrs. M.T. Selebogo
(Research Chairperson)**

Tel. No.: (011) 644 8951

Fax No.: 086 443 7935

Tryphina.Selebogo@gauteng.gov.za

25 April 2018

Ref. No.: 2/9/1

To: Mr. V.E. Matahela

Dear Ms Matahela

APPROVAL FOR DATA COLLECTION AT ANN LATSKY NURSING COLLEGE

In response to your request on e-mail for collecting data (survey) from the Vice Principal, Heads of Departments and Nurse Educator for your Research Study, permission is granted.

The Research Committee in the College will appreciate the following:

1. Dates when you will come for Data Collection.
2. How you will structure your sessions because our lecturers are available on Fridays as they spent most of the time in clinical areas during this time of the year.
3. At the end of the study, kindly furnish the College with the study results.

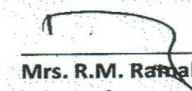
A copy of your research proposal and other relevant documents were received by the College.

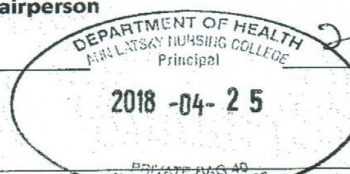
The Committee might invite you to present during their Annual Research Day.

Thank you.


Mrs. M.T. Selebogo
Research Committee Chairperson

25 April 2018
Date


Mrs. R.M. Ramahlafi
Principal



25/4/2018
Date

Ann Latsky Nursing College
Private Bag 40, AUCKLANDPARK, 2006 ☎ (011) 644-8900 📠 (011) 726-2619



ARWYP TRAINING INSTITUTE

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
yhothusa@yahoo.com

06 August 2018

Dr A de Villiers
The Principal
Arwyp Training Institute
P.O. Box 3452
KEMPTON PARK
1620

E-mail: training@rwyp.com

Dear Dr de Villiers

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH NURSE EDUCATORS AT ARWYP MEDICAL CENTRE

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the nursing school and will be agreed upon with the nursing school principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the nursing school where they work on the questionnaires.

The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the nursing college on request.

My contact details are as follows:

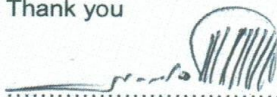
Cell: 082 531 4111

Fax: 086 611 5983

E-mail: yhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR V.E. MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

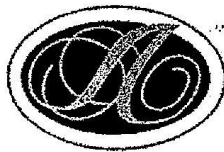
PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission



ARWYP TRAINING INSTITUTE

ARWYP TRAINING INSTITUTE
1st Floor Customer Support Centre
4 Block House Street
P.O. Box 3452
Kempton Park, 1620
Reg No: 2009/015166/07

17 August 2018

Attention: Vhothusa Matahela
P.O. Box 11026
Tiegerpoort
Pretoria
0056
vhothusa@yahoo.co.za

Dear Mr. Matahela,

Your proposal to conduct research at Arwyp Training Institute with Nurse Educators has been approved on the following conditions:

- A copy of your research theses be provided to the Arwyp Training Institute on completion.
- A presentation be done to the nurse educators on completion of the study.

Please arrange a suitable time and date with Ms Marlyn Wasilwa. You may contact her on 011 922 1398/ training@arwyp.com.

Wishing you well with your studies.

Yours faithfully,

Dr. Annelize de Villiers
Principal
Arwyp Training Institute

ARWYP TRAINING INSTITUTE
1st Floor Customer Support Centre
4 Block House Street
P.O. Box 3452
Kempton Park, 1620
Reg No: 2009/015166/07

P.O. Box 3452
Kempton Park
1620

THE ARWYP TRAINING INSTITUTE (PTY) LTD.
Accredited by the South African Nursing Council Ref S1546

Tel: (011) 922-1235
Fax: (011) 922-1222

CHRIS HANI BARAGWANATH NURSING COLLEGE

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

05 April 2018

Mrs N Ntsele
The Principal
CH Baragwanath Nursing College
Private Bag X05
BERTSHAM
2013

Dear Mrs Ntsele

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT CHRIS HANI BARAGWANTH NURSING COLLEGE

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies and the Gauteng Department of Health. Please find attached the ethical clearance certificate and the Gauteng Department of Health approval.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the nursing college and will be agreed upon with the nursing college principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the nursing college where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the nursing college on request.

My contact details are as follows:

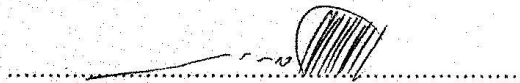
Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensqh@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR V.E. MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensqh@unisa.ac.za

Letter granting permission



GAUTENG PROVINCE
REPUBLIC OF SOUTH AFRICA

Chris Hani Baragwanath Nursing College
P/B X05
Bertsham

Enquiries: Mrs. T. Makgopela
Tel. 0112473300
E-mail: tebogomakgopela5@gmail.com
Date: 2018/05/08

Name: Vhothusa Edward Matahela
Student No. 5575-218-7
Ethics reference no: HSHDC/406/2015
Address: UNISA

Dear Mr. Matahela

RE - APPLICATION TO CONDUCT A RESEARCH PROJECT AT CHRIS HANI BARAGWANATH NURSING COLLEGE

Your letter dated 05/05/2018 refers. Permission has been granted for you to conduct a research project titled: **GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS**


Chris Hani Baragwanath Nursing College requests that you participate in the college research days for the purpose of presenting the different stages of your research project. You are also requested to inform the college of the name of the journal where the completed research project will be published. The college will appreciate it if you would donate a copy of the completed research project document to Chris Hani Baragwanath Nursing College Library:

Regards


Ms. T. Makgopela: Chairperson of the Research Committee

2018/05/08
Date

Recommended:


Ms. J. Gassiep: Vice Principal

08/05/2018
Date

Approved


Ms. N. Ntsele: Principal Chris Hani Baragwanath Nursing College

09/05/2018
Date


Ms. Y. Skosana: Director Nursing Education and Training

18/05/2018
Date

CLINIX HEALTH ACADEMY

Request for permission

433 Jasmyn Avenue
Silverton
PRETORIA
0184

23 September 2016

Ms R Ndlovu
The Acting Principal
Clinix Academy
56 Von Wielligh Street
JOHANNESBURG
2000

Dear Ms Ndlovu

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON NURSE EDUCATORS WORKING AT YOUR NURSING SCHOOL

I am a DLittetPhil (Health Sciences) student at the University of South Africa (UNISA), presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor G Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find the attached ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through a focus group interview of 6-8 nurse educators for the duration of approximately 45 to 60 minutes, at the nursing school. The time used for the research will not interfere with the functioning of the nursing school and will be agreed upon with the Principal.

The interview will be audiotaped for verification of findings by an independent expert in qualitative research.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. I will safeguard the identity of the participants by not mentioning their names of and the nursing school where they work. Confidentiality will be assured by erasure of taped material on completion of transcripts of audiotapes. The research will commence as soon as your permission is granted. Research results will be made available to the participants and the nursing school on request.

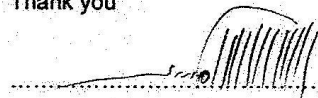
My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: matahv@health.gov.za/vhothusa@yahoo.com

Thank you



21/09/2016

MR V.E MATAHELA (DLITT ET PHIL-HEALTH STUDIES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

TEL: 012 429 6514

Fax: 012 429 6688

E-mail: vrensgh@unisa.ac.za

Letter granting permission

Clinix Health Academy

121 Eloff Extension 13

Selby

2001

07 October 2016

Dear Mr Matahela

Acceptance letter for permission to conduct research on nurse educators working at the academy

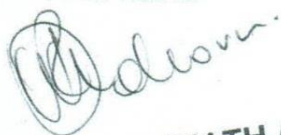
This letter serves as acceptance for you to conduct the above mentioned research at Clinix Health Academy.

However note that the academy has only four educators that are available for the study and does not meet the minimum of 6-8 as per your request.

Should you still continue with the research, the academy will also request information about preliminary report as well as the final report.

Kind regards,

Rose Ndlovu



CLINIX HEALTH ACADEMY
121 ELOFF STREET EXTENSION
SELBY PARK HOSPITAL
JOHANNESBURG
TEL: 011 429 1000 FAX: 086 652 5962
www.clinix.co.za

GA-RANKUWA NURSING COLLEGE

Request for permission

PO BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

05 April 2018

Mr SW Seabelo
The Principal
Garankuwa Nursing College
Private Bag X830
PRETORIA
0001

Dear Mr Seabelo

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT GARANKUWA NURSING COLLEGE

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies and the Gauteng Department of Health. Please find attached the ethical clearance certificate and the Gauteng Department of Health approval.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the nursing college and will be agreed upon with the nursing college principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the nursing college where they work on the questionnaires. The research will

commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the nursing college on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at yrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR VE MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: yrensg@unisa.ac.za

Letter granting permission



Ga-Rankuwa Nursing College
Private Bag x830
PRETORIA
0001
20 April 2018

Enquiries: Nkoane NL (Ms)
Tel: 012 560 0450/0877 Ext 2012
Cell: 0834635215
Email: Lorraine.Nkoane@gauteng.gov.za

Matahela V (Mr)
P.O Box 11026
TIEGERPOORT
0056

Sir

LETTER OF APPROVAL TO CONDUCT RESEARCH STUDY AT GA-RANKUWA NURSING COLLEGE

Receipt of the following documents attached in the application letter to conduct the research study at Ga-Rankuwa Nursing College is herewith acknowledged and bears reference.

- copies of the research proposal
- ethical clearance certificate and
- consent form University of South Africa

You are hereby informed that permission has been granted by Ga-Rankuwa Nursing College Research Ethics Committee to conduct research at the college under the topic, "Guidelines for the facilitation of self- leadership in nurse educators".

You are hereby advised that:

- Ga-Rankuwa Nursing College will not incur any cost inherited as a result of the above-mentioned study.
- The study should not disrupt the education and training activities within the college
- Strict confidentiality shall be observed at all times and informed consent shall be solicited from the participants.

PREFERRED PROVIDER OF SKILLED NURSE AND ADVANCED NURSE PRACTITIONERS



Kindly contact the above-mentioned delegated person as enquiry to set an appointment date to collect data at the college

You are requested to share the results of your study on completion of the research.

Regards,



SEABELO SW (MR.)
PRINCIPAL

DATE 22/04/2018



MEDICLINIC

Request for permission

PO BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

08 May 2018

Ms A van Zyl
Manager: Higher Education and Training
MEDICLINIC
25 Du Toit Street
STELLENBOSCH
7600

Dear Ms van Zyl

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT MEDICLINIC LEARNING CENTRES (NORTHERN AND TSHWANE REGIONS) IN GAUTENG PROVINCE

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies and the Gauteng Department of Health. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership. For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the nursing education institution and will be agreed upon with the principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the nursing education institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be

disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the nursing education institution on request.

My contact details are as follows:

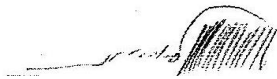
Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

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Thank you



MR VE MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: yrensg@unisa.ac.za

Letter granting permission



RESEARCH APPLICATION – VE MATAHELA

Date: 17 May 2018

FOR APPROVAL

G VAN WYK



Chief Human Resources Officer

NOTES

- | | |
|-----------------------|---|
| Locality | • Mediclinic Learning Centre Tshwane and Northern Region |
| Value of Study | • Yes |
| Employee | • No |
| Topic/Title | GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS |
| Impact | • |
| Supported by hospital | • Supported by: E Powell and F Hutchinson (Head Educators) |

MPUMALANGA INSTITUTE OF NURSING

Request for permission

PO BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

27 September 2018
Ms P Mlotshwa

The Principal:
Mpumalanga Institute of Learning
25 Green Road
Coveway Industrial Park
HAMMERSDALE
3700

E-mail: mpumalanganursing@telkom.net

Dear Ms Mlotshwa

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE MPUMALANGA INSTITUTE OF NURSING: 02 OCTOBER 2018

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng and KwaZulu-Natal Provinces. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes.

The time used for the research will not interfere with the functioning of the nursing school and will be agreed upon with the principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR VE MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission

MPUMALANGA INSTITUTE OF NURSING



(Pty) Ltd 2006/31377/07
SANC REF NO: S1684
25 Green Road
Coveway Industrial Park
Hammarisdale
3700
Tel: (031) 7363820/821/822
Fax: (031) 7363973
E-mail: mpumalanganursing@telkomsa.net
ENQUIRIES: Mrs P.R. Mlotshwa

PRIVATE BAG X03, CATO RIDGE, 3680

28/09/2018

Mr V. E. Matahela
P O Box 11026
TIGERPOORT
PRETORIA
0056

Dear Sir

PERMISSION TO CONDUCT A RESEARCH STUDY AT MPUMALANGA INSTITUTE OF NURSING ON 2ND OCTOBER 2018.

Kindly note that permission is hereby granted to conduct a research study for your D Litt Et Phil-Health Sciences study at UNISA.

We wish you good luck with your studies.

Yours faithfully


Mrs. P.R. Mlotshwa
PRINCIPAL

THE PRINCIPAL
MPUMALANGA INSTITUTE OF NURSING
PRIVATE BAG X03
CATO RIDGE, 3680
031 736 3820 / 21 / 22

MANAGING DIRECTOR MRS P.R. MLOTSHWA – DIPLOMA GENERAL NURSING, MIDWIFERY, PSYCHIATRIC NURSING, BA (Cur) NURSING EDUCATION, COMMUNITY HEALTH NURSING & BA Soc SCIENCE (Hons) MAJORING NURSING MANAGEMENT.

NETCARE HOSPITAL

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

07 August 2018

Ms C Menino
The Principal
NETCARE EDUCATION-Gauteng South West Campus
P.O Box 29214
MELVILLE
2109

E-mail: Cindy.Menino@netcare.co.za

Dear Ms Menino

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT NETCARE EDUCATION – GAUTENG SOUTH WEST CAMPUS

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies and the Gauteng Department of Health. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for

the research will not interfere with the functioning of the nursing education institution and will be agreed upon with the principal.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the nursing education institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the nursing education institution on request.

My contact details are as follows:


Cell: 082 531 4111

Fax: 086 611 5983

E-mail: yhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensqh@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



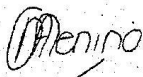
MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensqh@unisa.ac.za



Approved 7 August 2018

Letter granting permission

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2018-0036


Mr Vhothusa Matahela

E mail: Vhothusa.Matahela@health.gov.za

Dear Mr Matahela

RE: GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Nursing Education Institution, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Committee.
 - ii) All information regarding the Company will be treated as legally privileged and confidential.
 - iii) The Company's name will not be mentioned without written consent from the Committee.
 - iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
 - v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.
 - vi) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
 - vii) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.
 - viii) The Company has the right to implement any recommendations from the research.
- 

- ix) The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval.
- x) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.


Yours faithfully

 21/8/18

Prof Dion du Plessis

Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Shannon Nell


Chairperson: Research Operations Committee

Date: 24/9/2018

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research

Request for permission

433 Jasmyn Avenue
Silverton
PRETORIA
0184

28 January 2016

Ms R Schaefer
The Principal: Netcare Education
Gauteng North East campus
249 Basden Avenue
Lyttleton
PRETORIA
0157

Dear Ms Schaefer

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT NETCARE EDUCATION-GAUTENG NORTH CAMPUS IN GAUTENG

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through a focus group interview with 6-8 nurse educators for a duration of approximately 45 to 60 minutes, at the nursing school. The time use for the research will not interfere with the functioning of the nursing school and will be agreed upon with the nursing

school Principal. The interviews will be audiotaped for verification of findings by an independent expert in qualitative research.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. I will safeguard the identity of the participants by not mentioning their names of and the nursing colleges where they work. Confidentiality will be assured by erasure of taped material on completion of transcripts of audiotapes. The research will commence as soon as your permission is granted. Research results will be made available to you and the nursing school on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

Postal address:

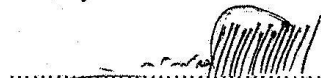
433 Jasmyrn Avenue

Silverton

PRETORIA

0184

Thank you



MR V.E. MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensgh@unisa.ac.za

Letter granting permission

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2017-0008

Mr VE Matahela

E mail: Vhothusa.Matahela@health.gov.za

Dear Mr Matahela

RE: GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Tertiary Education Institution, has been approved, subject to the following:


- i) Research may now commence with this FINAL APPROVAL from the Committee.
- ii) All information regarding the Company will be treated as legally privileged and confidential.
- iii) The Company's name will not be mentioned without written consent from the Committee.
- iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
- v) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- vi) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.
- vii) The Company has the right to implement any recommendations from the research.




- viii) The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval.
- ix) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

 10/2/2017
Prof Dion du Plessis
Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy


Shannon Neil
Chairperson: Research Operations Committee

Date:

17/2/2017

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

Request for permission

885 Ivan Street
Rietvlei View Estate
Grootfontein
PRETORIA
0181

28 October 2016

Prof E J van Aswegen
The Head of Department: Nursing
Sefako Makgato Health Science University
P.O Box 142
MEDUNSA
0204

Email: Elsie.Vanaswegen@smu.ac.za
Kgomotso.Malebye@smu.ac.za

Dear Prof van Aswegen

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON NURSE EDUCATORS WORKING AT SMU NURSING DEPARTMENT

I am a DLittetPhil (Health Sciences) student at the University of South Africa (UNISA), presently engaged in a research project entitled "*Guidelines for the facilitation of self-leadership in nurse educators*", under the supervision and guidance of Professor G Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find the attached ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected

through a focus group interview of 6-8 nurse educators for the duration of approximately 45 to 60 minutes, at the university. The time used for the research will not interfere with the functioning of the university and will be agreed upon with the Head of Department-Nursing. The interview will be audiotaped for verification of findings by an independent expert in qualitative research.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. I will safeguard the identity of the participants by not mentioning their names of and the nursing education institution where they work. Confidentiality will be assured by erasure of taped material on completion of transcripts of audiotapes. The research will commence as soon as your permission is granted. Research results will be made available to the participants and the university's nursing department on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: matahv@health.gov.za/vhothusa@yahoo.com

Thank you



MR V.E MATAHELA (DLITT ET PHIL-HEALTH STUDIES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

TEL: 012 429 6514

Fax: 012 429 6688

E-mail: vrensgh@unisa.ac.za

Letter granting permission



Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate
Sefako Makgatho University Research Ethics Committee
(SMUREC)

Molotlegi Street, Ga-Rankuwa 0208
Tel: (012) 521 5617/3698 | fax: (012) 521 3749
Email: lorato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

Mr VE Matahela
433 Jasmyr Avenue
Silverton
PRETORIA
0184

Dear Mr Matahela

RE: MR VE MATAHELA - REQUEST PERMISSION TO CONDUCT A STUDY AT SMU

SMUREC **NOTED** a letter dated 18 February 2016 requesting permission to conduct a research study at Sefako Makgatho Health Sciences University

Study Title:	Guidelines for the facilitation of self-leadership in nurse educators
Researcher:	Mr VE Matahela
University:	UNISA
Qualification	D Litt et Phil (Health Sciences)
Ethics Reference No:	HSHDC/406/2015
Approval letter date:	18 March 2015

SMUREC **APPROVED** and **GRANTED** the researcher permission to conduct the above mentioned study at Sefako Makgatho Health Sciences University

Yours Sincerely,

DR C BAKER
DEPUTY CHAIRPERSON SMUREC

02 March 2016

UNISA RESEARCH PERMISSION SUB-COMMITTEE (RPSC) OF THE SENATE RESEARCH, INNOVATION, POSTGRADUATE DEGREES AND COMMERCIALI- SATION COMMITTEE (SRIPCC)

Letter granting permission



RESEARCH PERMISSION SUB-COMMITTEE (RPSC) OF THE SENATE RESEARCH, INNOVATION, POSTGRADUATE DEGREES AND COMMERCIALISATION COMMITTEE (SRIPCC)

19 November 2018

Decision: Research Permission
Approval from 21 November 2018
until 20 May 2019.

Ref #: 2018_RPSC_071
Mr. V. E. Matahela
Student #: 55752187
Staff #: N/A

Principal Investigator:

Mr. Vhothusa Edward Matahela
Department of Health Studies
School of Social Sciences
College of Human Sciences
55752187@mylife.unisa.ac.za, 012 395-8334, 082 531 4111

Supervisor: Prof Gisela van Rensburg, vrensgh@unisa.ac.za, 012 429-6514

Guidelines for the facilitation of self-leadership in Nurse Educators.

Your application regarding permission to conduct research involving UNISA employees, students and data in respect of the above study has been received and was considered by the Research Permission Subcommittee (RPSC) of the UNISA Senate, Research, Innovation, Postgraduate Degrees and Commercialisation Committee (SRIPCC) on 16 November 2018.

It is my pleasure to inform you that permission has been granted for the study. You may request ICT to send a link to an online survey to all the lecturers in the Department of Health Studies.

You are requested to submit a report of the study to the Research Permission Subcommittee (RPSC@unisa.ac.za) within 3 months of completion of the study.

The personal information made available to the researcher(s)/gatekeeper(s) will only be used for the advancement of this research project as indicated and for the purpose as described in this permission letter. The researcher(s)/gatekeeper(s) must take all appropriate precautionary



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

measures to protect the personal information given to him/her/them in good faith and it must not be passed on to third parties. The dissemination of research instruments through the use of electronic mail should strictly be through blind copying, so as to protect the participants' right of privacy. The researcher hereby indemnifies UNISA from any claim or action arising from or due to the researcher's breach of his/her information protection obligations.

Note:

*The reference number **2018_RPSC_071** should be clearly indicated on all forms of communication with the intended research participants and the Research Permission Subcommittee.*

We would like to wish you well in your research undertaking.

Kind regards,



pp. Dr Retha Visagie – Deputy Chairperson: RPSC

Email: visagrg@unisa.ac.za, Tel: (012) 429-2478

Prof Lessing Labuschagne – Chairperson: RPSC

Email: llabus@unisa.ac.za, Tel: (012) 429-6368



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

UNISA, CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

20 September 2018

Professor AH Mavhandu-Mudzusi
Chair of Department
Department of Health Sciences
University of South Africa
P.O Box 392
UNISA
0003

Dear Professor Mavhandu-Mudzusi

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF SOUTH AFRICA DEPARTMENT OF HEALTH SCIENCES

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Ethics approval for the study was granted by the Research and Ethics Committee of the Department of Health Studies (REC-012714-039). Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province as part of the quantitative phase (Phase 2). Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the department and will be agreed upon with the Chair of Department.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the institution where they work on the questionnaires. The data collection will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

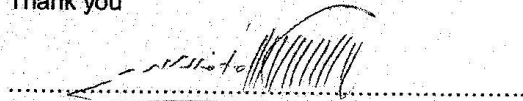
My contact details are as follows:

Cell: 082 531 4111

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrengsh@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa, Prof J Maritz at maritje@unisa.ac.za.

Thank you

A handwritten signature in dark ink, appearing to read 'MR V.E. MATAHELA', is written over a horizontal dotted line.

MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

Letter granting permission



Department of Health Studies

University of South Africa

Pretoria

0003

28 January 2019

To: Mr VE Matahela
Tiegerpoort
Pretoria

Topic: Permission to collect data at the Department of Health Studies: University of South Africa

I acknowledge the receipt of your request for permission to collect data as part of your D Lit et Phil study. As you have already received the ethics clearance and permission from the University of South Africa, permission is therefore granted to collect data from the Department of Health studies' academics. However, you still need to obtain consent from individual academics.

Sincerely

Signature *AH Mavhandu-Mudzusi*
Prof AH Mavhandu-Mudzusi

Date 28 January 2019

Chairperson: Department of Health Studies

Email: mmudza@unisa.ac.za



Open Rubric

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

UNIVERSITY OF ZULULAND

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

29 January 2019

Dr J Kerr
Head of Department: Department of Nursing Science
University of Zululand
Private Bag X1001
KWADLANGEZWA
3886

E-mail: kerri@unizulu.ac.za

Dear Dr Kerr

RE-REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH NURSE EDUCATORS AT THE DEPARTMENT OF NURSING SCIENCE

I am a DLittetPhil (Health Studies) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies.

Permission to conduct the study was granted by the UNISA's Research and Ethics Committee and University of Zululand Research Ethics Committee. The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I request permission to collect data through a survey monkey from nurse educators (either theory or clinical) working at the Department of Nursing Science at the University of Zululand. Completing the survey monkey will take only approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the department.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. By completing the survey monkey, participants will be giving consent to participate in the study. Participants will not be required to fill in their names or the name of the institution where they work on the survey. The research will commence as soon

as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensqh@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritie@unisa.ac.za.

Thank you



MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensqh@unisa.ac.za

Letter granting permission



**UNIVERSITY OF
ZULULAND**

University of Zululand, Private Bag X1001, KwaDlangezwa, 3886

W: www.unizulu.ac.za

T: +27 35 902 6731 E: DlelanaM@unizulu.ac.za

Deputy Vice-Chancellor: Research and Innovation Office

Mr Vhothusi E Matahela
Department of Health Studies
University of South Africa
January 23, 2019

Dear Mr Matahela

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT UNIZULU: "GUIDELINES FOR THE
FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS"**

Your letter to me, refers.

I hereby grant approval for you to conduct part of your research at UNIZULU, as per the methodologies stated in your research proposal and in terms of the data collection instruments that you have submitted. I note also that the University of South Africa, has issued an ethical clearance certificate and having read the documentation, I am happy to accept that certificate.

You may use this letter as authorization when you approach the appropriate persons. Please note that permission is based on the documentation that you have submitted. Should you revise your research instruments, or use additional instruments, you must submit those to us as well.

I wish you well in your research.

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH
ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30

25 -01- 2019

Yours sincerely,

RESEARCH & INNOVATION OFFICE

Professor Gideon De Wet

Chairperson: University of Zululand Research Ethics Committee
Deputy Vice-Chancellor: Research and Innovation



Application to Conduct Research at the University of Zululand

Personal and Project Details

Title of Project / Study :

GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP
IN ADULT EDUCATORS

Affiliation & Address:

UNIVERSITY OF SOUTH AFRICA

Name of Degree / Project:

Diploma (Health Studies)

Department:

HEALTH STUDIES (CAREER & HUMAN SERVICES)

Year of Project / Study (i.e. 1st, 2nd, 3rd, e.t.c):

5th

Brief Description of Study/ Project (i.e. goal, objectives & how researcher will give back to the community)

The goal is to understand the self-leadership within adult educators in order to develop guidelines that could facilitate more effective self-leadership. The objectives are to determine the self-leadership practices of adult educators in a workplace setting and to develop guidelines to facilitate more effective self-leadership. It is hoped that the study will add value to the existing body of knowledge on leadership in workplace settings and develop guidelines on self-leadership in adult educators.

Data Collection Method (& tool/instrument):

Questionnaires will be completed through a Survey Monkey

Risk Level

Low Risk



Medium Risk



High Risk





UNIVERSITY OF
ZULULAND

Proposed tenure of research at UniZulu (how long?)

Starting date: 1/02/2019

End Date: 31/02/2019

Applicant: Surname & Initials: MATANGA V G, ID No: 760924339057

Signature: [Signature]

HOD/ Supervisor: Surname & Initials: Prof GH van Rensburg

Signature: [Signature]

Signed at Pietermaritzburg on this 11 day of January, year 2019

For every attached, following in terms of your application to be considered:

- Letter of appointment
- Letter of recommendation
- Letter of endorsement
- Letter of approval
- Letter of support
- Letter of endorsement
- Letter of approval
- Letter of support

FOR THE UNIVERSITY RESEARCH ETHICS CONSULTATIVE COMMITTEE

Decision of Committee:



Approved



Declined

Conditions: As per the UZREC policy

Signature:

[Signature]
Chairperson of UZREC

Date: 23/1/2019

VAAL UNIVERSITY OF TECHNOLOGY

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

04 April 2018

Dr OMM Sehume
Acting HOD: Health Sciences Department
Faculty of Applied and Computer Sciences
Vaal University of Technology
Private Bag X021
VANDERBIJLPARK
1900

Dear Dr Sehume

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE VAAL UNIVERSITY OF TECHNOLOGY DEPARTMENT OF HEALTH SCIENCES (NURSING)

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for

the research will not interfere with the functioning of the department and will be agreed upon with the head of department.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

My contact details are as follows:

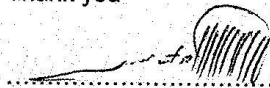
Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission



Vaal University of Technology

Your world to a better future

Memorandum

RESEARCH DIRECTORATE

Tel: +27(0)16 950 9573

Fax: +27(0)16 950 9898

To: Mr VE Matahela
CC: Director Research: Dr SM Nelana
From: The Registrar: Dr TD Mokoena
Date: 25 May 2018
Subject: Research Ethical Permission Approval

Dear Mr VE Matahela

Thank you for your recent application wishing to conduct research within our Institution.

It is with great pleasure that we would like to inform you that your request to conduct research in the Vaal University of Technology has been approved subject to your assurance that any information obtained will not be divulged or identifiable in any published results.

You are therefore required to sign a confidential letter of acknowledgement.

Sincerely,

Dr TD Mokoena
Registrar

SG LOURENS NURSING COLLEGE

Request for permission

433 Jasmyn Avenue
Silverton
PRETORIA
0184

28 January 2016

Mrs P Tiale
The Principal: S.G Lourens Nursing College
Private Bag X755
PRETORIA
0001

Dear Mrs Tiale

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a D Litt et Phil (Health Sciences) student at the University of South Africa (UNISA), presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies and also by the Gauteng Department of Health. Please see the attached ethical clearance certificate and the Gauteng Department of Health approval.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at a selected nursing college in the Gauteng Province. Data will be collected through a focus group interview with 6-8 nurse educators for the duration of approximately 45 to 60 minutes, at the selected nursing college. The time used for the research will not interfere with the functioning of the college and will be agreed upon with the College

Principal. The interview will be audiotaped for verification of findings by an independent expert in qualitative research.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. I will safeguard the identity of the participants by not mentioning their names of and the nursing college where they work. Confidentiality will be assured by erasure of taped material on completion of transcripts of audiotapes. The research will commence as soon as your permission is granted. Research results will be made available to you and your institution on request.

My contact details are as follows:

Cell: 082 531 4111

Fax: 086 611 5983

Postal address:

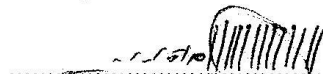
433 Jasmyn Avenue

Silverton

PRETORIA

0184

Thank you



MR V.E. MATAHELA (DLITT ET PHIL-HEALTH STUDIES STUDENT)

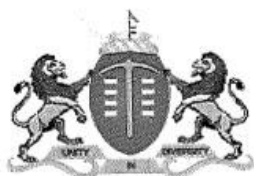
PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission



GAUTENG PROVINCE
Health
REPUBLIC OF SOUTH AFRICA

Enquiries : Ms. N.B Mothokoa
Tel : 012 319 5717
Fax : 012 319 5742
E-mail norma.mothokoa@gmail.com
Reference Number: 8/1/7/5/2

Mr. VE Matahela
433 Jasmyn Avenue
Silverton
Pretoria

SUBJEC : APPROVAL FOR DATA COLLECTION

This serves as a response to your request in undertaking the study on: Guidelines for the facilitation of self-leadership in nurse educators.

Permission is hereby granted for collection of data as indicated in your proposal.

Please take note of the following:

- All information and data collected should be treated as confidential and ethical considerations adhered to as stated in the proposal.
- At the end of the study kindly furnish the college with the study results.
- The Committee might invite you to present during their annual research day.

Thank you

NB Mothokoa
NB Mothokoa (Research Committee Chairperson)

[Signature]
Ms MP Tjale (College Principal)

24.02.2016
Date

24/2/2016
Date



UNIVERSITY OF JOHANNESBURG DEPARTMENT OF NURSING

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

10 April 2018

Dr MA Temane
The Head of Department
Department of Nursing
University of Johannesburg
PO Box 524
Auckland Park
2006

Dear Dr Temane

RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF JOHANNESBURG DEPARTMENT OF NURSING

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the nursing department and will be agreed upon with the head of department.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

My contact details are as follows:

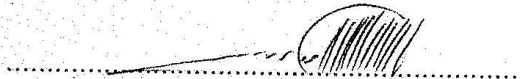
Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensg@unisa.ac.za

Letter granting permission

>>> "Temane, Mmasethunya" <anniet@uj.ac.za> 4/10/2018 1:19 PM
>>>

Dear Mr Matahela

I acknowledge receipt of your email, I will present your request to the Science Committee Meeting.

Best regards
Dr Temane

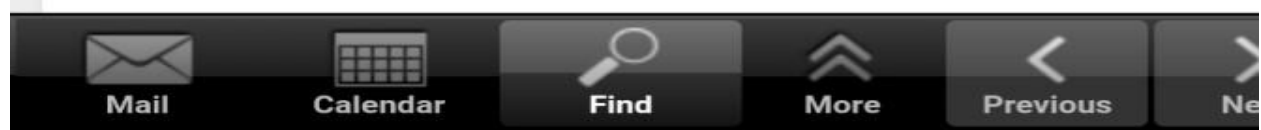
From: Vhothusa Matahela
[mailto:Vhothusa.Matahela@health.gov.za]
Sent: 10 April 2018 12:38 PM
To: Temane, Mmasethunya <anniet@uj.ac.za>
Cc: annie.temane@gmail.com
Subject: Request for permission to conduct research with nurse educators at UJ

Dear Dr Temane

Attached please find a letter requesting permission to conduct research (quantitative phase) with nurse educators working at your department. Accompanying documents are also attached.

Looking forward to hearing from you

Regards
Vhothusa Edward Matahela
UNISA Dlitt et Phil (Health Studies) student
082 531 4111



From: Temane, Mmasethunya
Sent: Monday, 23 April 2018 07:31
To: ACADEMICS NURSING
<academicsnursing@ujac.onmicrosoft.com>
Subject: FW: Request for permission to conduct research with nurse educators at UJ

Dear Colleagues

Please find attached request.

Kind Regards
Dr Annie Temane
Head of Department of Nursing
Senior Lecturer: Psychiatric Nursing
Faculty of Health Sciences

Telephone: 011 559 6972
E-mail: anniet@uj.ac.za
Website: www.uj.ac.za
Office: John Orr Building Room 6104a, Doornfontein



**UNIVERSITY OF THE WITWATERSRAND, DEPARTMENT OF NURSING
EDUCATION**

Request for permission

P.O BOX 11026
TIEGERPOORT
PRETORIA
0056
vhothusa@yahoo.com

10 April 2018

Prof L Maree
Head of Department
School of Therapeutic Sciences
Faculty of Health Sciences: Department of Nursing Education
7 York Road
PARKTOWN
2193

Dear Professor Maree

**RE- REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE
UNIVERSITY OF THE WITWATERSRAND DEPARTMENT OF NURSING
EDUCATION**

I am a D Litt et Phil (Health Sciences) student at the University of South Africa, presently engaged in a research project entitled "Guidelines for the facilitation of self-leadership in nurse educators", under the supervision and guidance of Professor GH Van Rensburg of the Department of Health Studies. Permission to conduct the study was granted by the UNISA's Research and Ethics Committee of the Department of Health Studies. Please find attached the ethical clearance certificate.

The aim of the study is to understand the self-leadership within nurse educators in nursing education institutions, and to develop guidelines that could facilitate nurse educator self-leadership.

For this aim to be attained I need to collect data from nurse educators working at selected nursing education institutions in the Gauteng Province. Data will be collected through completion of an anonymous questionnaire by nurse educators. Completing the questionnaire will only take approximately thirty (30) minutes. The time used for the research will not interfere with the functioning of the department and will be agreed upon with the head of department.

I undertake to adhere to the ethical principles of confidentiality and anonymity; informed consent; privacy and no harm. Participants will not be required to fill in their names or the name of the institution where they work on the questionnaires. The research will commence as soon as your permission is granted. Research results will be disseminated in the form of a thesis and scientific publications in journals. The results will also be made available to you and the university on request.

My contact details are as follows:

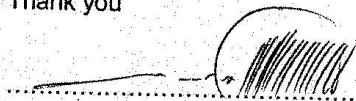
Cell: 082 531 4111

Fax: 086 611 5983

E-mail: vhothusa@yahoo.com

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensqh@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

Thank you



MR V.E MATAHELA (DLITT ET PHIL-HEALTH SCIENCES STUDENT)

PROFESSOR GH VAN RENSBURG (SUPERVISOR)

Tel: 012 429 6514

Fax: 012 429 6688

E-mail: vrensqh@unisa.ac.za

RE: Request to participate in a research study through survey monkey 01/28

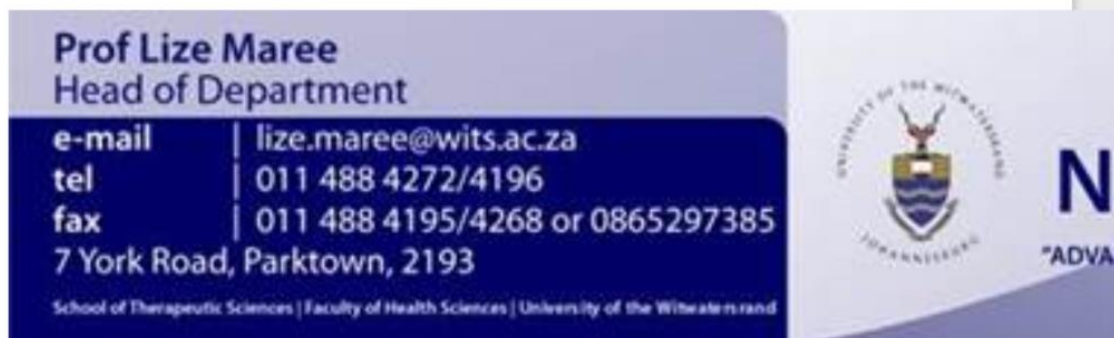
From: Lize Maree <Lize.Maree@wits.ac.za> [-Hide Details-](#)
To: Vhothusa Matahela <Vhothusa.Matahela@health.gov.za>
Cc: Lebo Hermanus <Claudia.Hermanus@wits.ac.za>
Date: Mon, Jan 28, 2019 9:20 PM

Dear Vhothusa

Please ask Ms Lebo Hermanus for the emails of the all the academic staff so that you can send it out to them. Alternately ask Ms Hermanus to send it out on your behalf.

Kind regards

Lize



ANNEXURE D: INFORMATION LEAFLET AND INFORMED CONSENT – FOCUS INTERVIEWS



PARTICIPANT INFORMATION LEAFLET NURSE EDUCATORS PARTICIPATING IN QUALITATIVE RESEARCH

GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

Primary researcher: Mr VE Matahela

Promoter: Professor GH van Rensburg (UNISA)

Dear Participant

I am a DLitt et Phil (Health Studies) student at the University of South Africa. As part of the requirements for completion of the degree, I am required to collect data. This information leaflet contains information about the purpose of the study and your rights and responsibilities regarding the study. Please familiarize yourself with the purpose of the study before you agree to participate.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to understand the self-leadership within nurse educators in nursing education institutions, in order to develop guidelines that could facilitate nurse educator self-leadership.

WHAT WILL BE REQUIRED FROM YOU?

Before you participate in the study, you need to understand what the study is about and give permission to participate. You need to sign this consent before you participate in the focus group interview with the researcher regarding the self-leadership practices of nurse educators. The focus group interview will only take you approximately **forty-five (45)** to **sixty (60)** minutes.

WHAT ARE THE RISKS INVOLVED IN THIS STUDY? OR CAN ANY OF THE STUDY PROCEDURES RESULT IN PERSONAL DISCOMFORT OR INCONVENIENCE?

The researcher does not anticipate any foreseeable physical and psychological discomfort or inconvenience. However, I realise that you have a busy schedule and therefore would like to appreciate your time and expertise regarding the subject.

WHAT ARE THE POTENTIAL BENEFITS THAT MAY COME FROM THE STUDY?

The benefits of participating in this study are:

- You will assist the researcher to understand the perceptions of nurse educators with regard to their self-leadership and how this can be facilitated in a nursing education institution
- You will contribute to the development of guidelines for the facilitation of self-leadership of nurse educators
- Your contribution to the study may help support the self-leadership of nurse educators and consequently improve the quality of nursing education offered in nursing education institutions.

WILL YOU RECEIVE ANY FINANCIAL COMPENSATION OR INCENTIVE FOR PARTICIPATING IN THIS STUDY?

Unfortunately **no financial compensation** will be given.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY?

Your participation in this study is totally voluntary. You have the right to withdraw at any stage without any penalty or victimisation whatsoever. You do not have to provide the reason(s) for your decision to withdraw from participating.

HOW WILL CONFIDENTIALITY AND ANONYMITY BE ENSURED IN THE STUDY

All information obtained during the course of this study will be strictly confidential. None of the information will be linked to your name. Your identity will not be revealed at any stages of this research or when the study is reported in scientific journals. All the data information that has been collected will be stored in a secure place after analysing the data.

IS THE RESEARCHER QUALIFIED TO CARRY OUT THE STUDY?

The researcher is a nurse educator and professional nurse that is closely involved in teaching student nurses.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The study proposal was approved by the Research and Ethics Committee of the Department of Health Studies. Furthermore, the study was also approved by the Gauteng Department of Health.

WHO CAN YOU CONTACT FOR ADDITIONAL INFORMATION REGARDING THE STUDY?

The researcher, Mr VE Matahela can be contacted during office hours at (012) 395 8334, or his cell phone at 082 5314 111 or email: vhothusa@yahoo.com.

The promoter, Prof GH van Rensburg can be contacted at (012) 429 6514 or email: vrensg@unisa.ac.za.

DECLARATION: CONFLICT OF INTEREST

There is no conflict of interest that may influence the study procedures, data collection, data analysis and publication of results.

INFORMED CONSENT

I hereby confirm that I have been adequately informed by the researcher about the nature, conduct, benefits and risks of the study. I have also received, read and understood the above written information. I am also aware that the results of the study may be anonymously processed into a research report. I understand that my participation is voluntary and that I may without prejudice, withdraw my consent and participation in the study. I had sufficient opportunity to ask questions and of my own free will declare myself prepared to participate in the study.

PARTICIPANT NAME:.....

PARTICIPANT SIGNATURE:.....

PLACE:.....

DATE:.....

ANNEXURE E: SEMI-STRUCTURED INTERVIEW SCHEDULE



UNIVERSITY OF SOUTH AFRICA

FOCUS GROUP/SEMI-STRUCTURED INTERVIEW SCHEDULE/GUIDE

GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

Primary researcher: Mr VE Matahela
Promoter: Professor GH van Rensburg

DATE OF INTERVIEW:
TIME:
PLACE:
FACILITATOR: MR VE MATAHELA
PARTICIPANTS: NURSE EDUCATORS

The following open-ended questions will assist the researcher in directing the participants to the discussion of their perceptions of self-leadership in nurse educators:

- Can you please describe how you perceive your self-leadership?
- How can the self-leadership in nurse educators be facilitated in a nursing education institution?

The researcher will use various communication techniques to encourage in-depth exploration of participants' perceptions of their own self-leadership. The techniques include active listening, probing, nodding, use of silence, paraphrasing, reflection and summarizing.

Related concepts for possible probing:

- self-awareness
- behaviour/self-control/emotions
- role modelling
- motivation
- leadership

- innovation
- collaboration/teamwork
- performance
- initiative
- creativity
- thoughts and feelings
- achievement
- self-development/increasing capacity

Any information or concept regarding self-leadership in nurse educators that arises out of the interview schedule will also be explored.

ANNEXURE F: EXAMPLE OF ANALYSED TRANSCRIBED INTERVIEW

TEXT IN INTERVIEW (QUOTES)	THEME	MAIN CATEGORY	SUBCATEGORY
<p>"I feel as a nurse educator I must have a vision, I must know where I am going, I must know how am I going to get there because as a leader I have this vision that I can lead the students that I am teaching towards the goal and the vision that I have for nursing education..." (FG4;P10)</p> <p>"...With me visionary it's like being able to make a difference maybe even if it is not just in a small scale but it doesn't have to be just in the class..." (FG4; P2)</p> <p>"...and also with the leadership you must, ehm, I want to say role model, you must stand out, you must, if you are working with your nurses and they come to and report to you, you have to involved them as well..." (FG4; P1)</p> <p>"...I should have clear vision. I should also have clear vision and plan my activities on a clear view..." (FG2; PE)</p>	<p>THEME 1: Perception of self-leadership in nurse educators</p>	<p>View of self-leadership through mirroring the self (Personal factors)</p>	<ul style="list-style-type: none"> Being a visionary leader
<p>"...I get my motivation from knowledge. Like going to seminars. That makes you positive. It makes me, ja. Going to seminars, doing short courses and all of that, it keeps my mindset positive and motivated and broadens it... (FG3; PB)</p> <p>"I think as a nurse educator you may also attend courses which are relevant</p>	<p>THEME 2: Engagement in self-leadership activities</p>	<p>Engagement in personal activities</p>	<ul style="list-style-type: none"> Self-development

TEXT IN INTERVIEW (QUOTES)	THEME	MAIN CATEGORY	SUBCATEGORY
<p>to the content that you are teaching so that you can develop..." (FG4; P6)</p> <p>"...and that also will equip you as a leader even with specific job that you are doing." (FG4; P4)</p> <p>"...I think I have to attend some workshops so that I got empowered to attend seminars for self-development and to attend conferences so that I acquire skill knowledge internationally and locally conferences so that you get new skills from outsiders ... " (FG2; PC)</p> <p>"...You can do personal development by yourself on the internet, read articles and journals and...books, textbooks... (FG3; PB)</p>			
<p>"there is lack of support from peer in this institution ...So you find yourself being alone; there is no support. And lack of support make people to feel demoralised..." (FG2; PB)</p> <p>"...I realised that...that there is the missing link for us young nurses is that...or educators, we don't have that direct guidance" (FG3; PB)</p> <p>"What about promotion, why can't they say now you are a senior educator or. Yah, maybe if you stayed in a company for two to three years and then people have been employed and they are joining you. But you are always at the same level. Why can't they say now –</p>	<p>THEME 3: Motivational factors in self-leadership</p>	De-motivating factors	<ul style="list-style-type: none"> Lack of support/from management or peers

TEXT IN INTERVIEW (QUOTES)	THEME	MAIN CATEGORY	SUBCATEGORY
<p>yah, it can motivate you..." (FG1; P4)</p> <p>"...I think one cannot observe...one can stay in the same grade for more than ten years. As much as there are policies in the department I still think managers have got the prerogative to motivate..." (FG4; P8)</p>			
<p>"Provide leadership programmes for us, even for the students they are to – so that we can gain that self-leadership because if you do that leadership programme you find yourself..." (FG3; PA)</p> <p>"...so that they can take you for workshops. Go for workshops, trainings, so that you are able to develop yourself as well...if you want to go and develop yourself..." (FG1; P2)</p> <p>"...what we can say is that you study further because we can't say we end here. We can get other short-courses, get other qualifications..." (FG1;P)</p> <p>"...the college should always see to it that we get good development as lecturers...all that, by so doing we are always updating ourselves." (FG4;P5)</p> <p>workshops that will empower that individual..." (FG2;PE)</p>	<p>THEME 4: Facilitation of self-leadership in nurse educators</p>	<p>Facilitation of self-leadership by the self</p>	<ul style="list-style-type: none"> Continuing professional development

ANNEXURE G: INFORMATION LEAFLET AND INFORMED CONSENT – QUESTIONNAIRES



PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT NURSE EDUCATORS PARTICIPATING IN QUANTITATIVE RESEARCH

GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

Primary researcher: Mr VE Matahela

Promoter: Professor GH van Rensburg (UNISA)

Dear Participant

I am a DLitt et Phil (Health Studies) student at the University of South Africa. As part of the requirements for completion of the degree, I am required to collect data. This information leaflet contains information about the purpose of the study and your rights and responsibilities regarding the study. Please familiarize yourself with the purpose of the study before you agree to participate.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to understand the self-leadership within nurse educators in nursing education institutions, in order to develop guidelines that could facilitate nurse educator self-leadership.

WHAT WILL BE EXPECTED FROM YOU?

Before you participate in the study, you need to understand what the study is about and give permission to participate. You need to sign this consent as well as to complete an anonymous questionnaire regarding the self-leadership practices of nurse educators. Completing the questionnaire will only take you approximately **thirty (30)** minutes. I request you to answer all questions as truthfully as possible. Indicate your response by means of an encircling, ticking or marking the applicable answer.

WHAT ARE THE RISKS INVOLVED IN THIS STUDY? OR CAN ANY OF THE STUDY PROCEDURES RESULT IN PERSONAL DISCOMFORT OR INCONVENIENCE?

The researcher does not anticipate any foreseeable physical and psychological discomfort or inconvenience. However, I realise that you have a busy schedule and therefore would like to appreciate your time and expertise regarding the subject.

WHAT ARE THE POTENTIAL BENEFITS THAT MAY COME FROM THE STUDY?

The benefits of participating in this study are:

- You will assist the researcher to understand the self-leadership practices of nurse educators
- You will contribute to the development of guidelines for the facilitation of self-leadership of nurse educators
- Your contribution to the study may help support the self-leadership of nurse educators and consequently improve the quality of nursing education offered in nursing education institutions.

WILL YOU RECEIVE ANY FINANCIAL COMPENSATION OR INCENTIVE FOR PARTICIPATING IN THIS STUDY?

Unfortunately, no financial compensation will be given.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY?

Your participation in this study is totally voluntary. You have the right to withdraw at any stage without any penalty or victimisation whatsoever. You do not have to provide the reason for your decision to withdraw from participating.

HOW WILL CONFIDENTIALITY AND ANONYMITY BE ENSURED IN THE STUDY

All information obtained during the course of this study will be strictly confidential. None of the information will be linked to your name. Your identity will not be revealed at any stages of this research or when the study is reported in scientific journals. All the data information that has been collected will be stored in a secure place after analysing the data.

IS THE RESEARCHER QUALIFIED TO CARRY OUT THE STUDY?

The researcher is a nurse educator and professional nurse that is closely involved in nursing education.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The study proposal was approved by the Research and Ethics Committee of the Department of Health Studies at UNISA.

WHO CAN YOU CONTACT FOR ADDITIONAL INFORMATION REGARDING THE STUDY?

The researcher, Mr VE Matahela can be contacted during office hours at (012) 395 8334, or his cell phone at 082 5314 111 or email: vhothusa@yahoo.com.

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensg@unisa.ac.za. Alternatively you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at maritje@unisa.ac.za.

DECLARATION: CONFLICT OF INTEREST

There is no conflict of interest that may influence the study procedures, data collection, data analysis and publication of results.

INFORMED CONSENT

I hereby confirm that I have been adequately informed by the researcher about the nature, conduct, benefits and risks of the study. I have also received, read and understood the above written information. I am also aware that the results of the study may be anonymously processed into a research report. I understand that my participation is voluntary and that I may without prejudice, withdraw my consent and participation in the study. I had sufficient opportunity to ask questions and of my own free will declare myself prepared to participate in the study.

PARTICIPANT NAME:

PARTICIPANT SIGNATURE:

PLACE:

DATE:

ANNEXURE H: QUESTIONNAIRE



GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

QUESTIONNAIRE: TO BE COMPLETED BY NURSE EDUCATORS TEACHING IN NURSING EDUCATION INSTITUTIONS

1. Please encircle or tick the applicable answer
2. Where indicated give a brief description

Thank you very much for your willingness to complete this questionnaire!

Date:.....		Respondent number:.....(Official use)	
A BIOGRAPHICAL INFORMATION			Official use
1	Age years	1 A1
2	Gender	Female	1 A2
		Male	2
3	Mother tongue (first language)	English	1 A3
		Specify, if other	2
4	Additional qualification	Qualification in Nursing Education	1 A4
		Qualification in Nursing Management	2
		Specify if diploma or degree:	3
5	Years of experience teaching in a nursing education institutionyears	1 A5
6	Type of nursing education institution at which you currently work	Public Nursing College	1 A6
		Private Nursing School	2
		University-based nursing department	3
7	Please indicate the activities you are involved in the nursing education institution. <i>You can choose more than one</i>	Facilitation of theory	1 A7
		Clinical teaching	2 A8
		Clinical accompaniment	3 A9
		Supervision of research	4 A10
		Quality coordination	5 A11

		Active participation in institutional committees	6	A12						
		Coordination of teaching or clinical learning	7	A13						
		Student counselling	8	A14						
		Student administration	9	A15						
		Other.....	10	A16						
B SELF-LEADERSHIP					Official use					
Self-observation										
8	I possess and maintain self-discipline during my interactions with my peers (colleagues)				B17					
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
9	I possess and maintain self-discipline during my interactions with students				B18					
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
10	I observe my behaviour during both classroom and non-classroom activities in the nursing education institution				B19					
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
11	I am able to control feelings, thoughts and actions when interacting with fellow educators and students				B20					
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
12	I consider myself as a role model to students				B21					
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
13	I consider myself as a role model to my colleagues				B22					
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
Self-goal setting										
14	I consider myself as a visionary leader with a personal vision to bring about change in nursing education				B23					
	Never	1	2	3	4	5	6	7	Always	

15	My professional goals reflect my personal needs, motives and values	B24
	Never 1 2 3 4 5 6 7 Always	
16	I set myself high standards and motivate myself to achieve them	B25
	Never 1 2 3 4 5 6 7 Always	
17	I develop strategies to meet my professional goals in order improve the demands of the nursing education institution	B26
	Never 1 2 3 4 5 6 7 Always	
18	I set professional goals that motivate me to move out of my comfort zone	B27
	Never 1 2 3 4 5 6 7 Always	
19	I recover quickly after moments of disappointment, feelings of failure or rejection experienced in my professional work	B28
	Never 1 2 3 4 5 6 7 Always	
Self-criticism		
20	I tend to be harsh and criticize myself when I have performed poorly	B29
	Never 1 2 3 4 5 6 7 Always	
21	I feel guilty when my students perform poorly	B30
	Never 1 2 3 4 5 6 7 Always	
22	I engage in constructive criticism of my work or performance	B31
	Never 1 2 3 4 5 6 7 Always	
Self-cuing		
23	I put up reminder notes and "to do lists" in order to manage my work and performance better	B32
	Never 1 2 3 4 5 6 7 Always	
24	It is my opinion that nurse educators should motivate themselves by celebrating their achievements	B33
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
25	I am able to deal with distractions or disturbances that may affect my performance in the nursing education institution	B34
	Never 1 2 3 4 5 6 7 Always	

Natural Reward		
26	I get deep satisfaction from the act of teaching students	B35
	Never 1 2 3 4 5 6 7 Always	
27	I find the subject or course that I currently teach to be naturally interesting	B36
	Never 1 2 3 4 5 6 7 Always	
28	I get deeply motivated and filled with a sense of purpose when students perform well	B37
	Never 1 2 3 4 5 6 7 Always	
Constructive thought patterns		
29	In my opinion I have good interpersonal skills at work	B38
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
30	I visualise myself successfully performing a task before I do it	B39
	Never 1 2 3 4 5 6 7 Always	
31	It is my opinion that nurse educators should find time to visualise and rehearse the facilitation of engaging lessons	B40
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
32	Sometimes I find myself talking to myself out loud or in my head to motivate myself to go through difficult situations when doing my work	B41
	Never 1 2 3 4 5 6 7 Always	
B	SELF-LEADERSHIP	Official use
33	How would you describe the concept self-leadership?	B42
	
	
	
	
	
	
	
	

34	Describe how you deal with distractions or disturbances that may affect your performance in the nursing education institution	B43
35	Briefly describe how you demonstrate role modelling to students as indicated in 12 above	B44
36	Briefly describe how you demonstrate role modelling to colleagues as indicated in 13 above	B45
C SELF-LEADERSHIP PRACTICES (ACTIVITIES)		Official use
Self-development		
37	In my opinion it is the responsibility of the individual nurse educator to engage in his or her own professional development Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C46
38	I identify my own learning needs for self-development based on the current and future health and education trends Never 1 2 3 4 5 6 7 Always	C47
39	I take time to reflect on how my work contributes to the improvement of student performance in the nursing education institution Never 1 2 3 4 5 6 7 Always	C48
40	I endeavour to be a resourceful role model who embodies the values and image of the nursing profession to my colleagues and students Never 1 2 3 4 5 6 7 Always	C49

41	In my opinion engagement in continuing professional development (CPD) activities that are relevant to my area of work could facilitate my self-leadership	C50
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
Self-reflection		
42	I take time to reflect on my teaching behaviour and actions with the aim to make positive improvements and meaningful change	C51
	Never 1 2 3 4 5 6 7 Always	
43	In my opinion nurse educators should regard themselves as co-learners who consider suggestions from students during the teaching and learning process.	C52
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
44	In my opinion nurse educators should request feedback on their performance from significant others in the nursing education institution	C53
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
Being organised		
45	Nurse educators should take time to research new information and developments in their areas of teaching	C54
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
46	In my opinion nurse educators should strive to commence their work on time	C55
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
47	Nurse educators should endeavour to meet deadlines on their tasks	C56
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
48	Nurse educators should adhere to teaching schedules (time tables)	C57
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
49	Nurse educators should develop lesson plans in their preparations for teaching	C58
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	
50	Nurse educators should give timeous feedback to the students on their performance	C59
	Strongly disagree 1 2 3 4 5 6 7 Strongly agree	

Collaboration (team work)		
51	I am a team worker who engages in sharing ideas and resources with fellow nurse educators Never 1 2 3 4 5 6 7 Always	C60
52	In my opinion collaboration between nurse educators in the nursing education institution should be encouraged Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C61
53	In my opinion a nurse educator should assume the leadership role when the supervisor is not available to provide leadership Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C62
Mentoring		
54	In my opinion the institution should provide new nurse educators with mentors Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C63
55	It is my opinion that in the absence of designated mentors, nurse educators should be initiative and find resources to read, research and observe colleagues in order to develop the necessary teaching skills Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C64
56	It is my opinion that nurse educators should be involved in succession planning to ensure continuity in key leadership positions and retain intellectual and knowledge capital Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C65
57	Nurse educators should promote ethical attitudes towards colleagues, students and in society Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C66
58	Nurse educators have a responsibility to instil professional ethics and values in their students Strongly disagree 1 2 3 4 5 6 7 Strongly agree	C67

Leadership in the nursing education institution										
59	Leaders in a nursing education institution should be passionate, inspirational and build self-confidence in nurse educators									C68
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
60	The leaders in nursing education institutions should give nurse educators room for failure and encourage them to take risks									C69
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
61	It is my belief that nurse educators should be involved in the decision-making processes of the nursing education institution									C70
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
62	In my opinion the nursing education institution should support nurse educators' innovation and creative behaviours									C71
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
63	In my opinion nurse educators are change agents who advocate for the transformation of the broader community									C72
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
64	I consider myself as a change agent who advocates for the transformation of the nursing education system									C73
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
65	Rigid bureaucratic leadership systems and autocratic leadership styles prevent nurse educators from engaging in self-leadership activities									C74
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
66	Nursing education institutions should send nurse educators to training programmes that stimulate their self-leadership									C75
	Strongly disagree	1	2	3	4	5	6	7	Strongly agree	
67	Justify your response on collaboration between nurse educators as provided in 52 above:									C76
									
									
									
									

68	What are the examples of training programmes indicated in 66 above?	C77
69	In your opinion which supervisor leadership styles could enhance your self-leadership?	C78
D MOTIVATION		
Intrinsic motivation		
70	I am a proactive nurse educator who takes self-directed initiatives that improve students' performance Never 1 2 3 4 5 6 7 Always	D79
71	I involve myself in innovative and creative initiatives to improve the students' performance Never 1 2 3 4 5 6 7 Always	D80
72	Nurse educators should have autonomy, control and ownership over their work in the nursing education institution Strongly disagree 1 2 3 4 5 6 7 Strongly agree	D81
73	I have a natural desire to learn the mastery of the subject or course that I currently teach Never 1 2 3 4 5 6 7 Always	D82
Extrinsic motivation		
74	In my opinion the nursing education institution has a role to play in motivating me to be autonomous and competent so that I can produce quality work Strongly disagree 1 2 3 4 5 6 7 Strongly agree	D83
75	My colleagues (peers) value my work and are supportive Never 1 2 3 4 5 6 7 Always	D84

ANNEXURE I: SUMMARY OF INCLUDED STUDIES AFTER CRITICAL REVIEW

Database or publisher	Journal	Author(s)	Title of article	Study design	Participants	Key findings and recommendations
LH Martin Institute for Tertiary Education Leadership and Management	Leadership Foundation for Higher Education. 2015.	Bolden, R, Jones, S, Davis, H & Gentle, P	Developing and sustaining shared leadership in higher education	Surveys, interviews and listening posts cross-correlation	University academics	<p>Academic leadership, academic management, and self-leadership are essential components of a balanced higher education system that together contribute to the effective development and delivery of academic work.</p> <p>Academics do not want to be directed in what to do but choose to “self-lead” according to their academic values and identities, and academic tasks and processes.</p> <p>Rigid structures that rely on formal position roles constrain academics from leading.</p> <p>A corporate approach to leadership and management of academic institutions has the potential to erode self-leadership.</p>
Oxford Brookes University	International Journal of Evidence-Based Coaching and Mentoring. 2015. 13(2):1–13.	Carr, ML, Pastor, DK & Levesque, PJ	Learning to lead: Higher education faculty explore self-mentoring	<p>Collective case study inquiry</p> <p>Data collected through observations, interviews, documents and reports</p>	Faculty from a south-eastern university n=3	<p>Self-mentoring is grounded in the self-leadership theory.</p> <p>Self-mentoring is a process to supports faculty’s individualised path to acclimation and growth in higher education through increased confidence as self-leaders.</p>
Horizon Research Publishing	Universal Journal of Management. 2015. 3(3):95–102.	Davoudi, AHM, Pajohesh, S & Karamafrooz, MJ	Evaluating the shared leadership model in knowledge creation among the faculty	<p>Applied research quantitative, descriptive-correlative</p> <p>Questionnaires used</p>	Kermananshar Razi University Faculty, Iran n=179	<p>Effective teams are made up of traits such as individual self-efficacy, individual commitment, individual confidence and self-adjustment.</p> <p>Self-leadership is directly related to team commitment and confidence, which are in turn related to shared commitment.</p>

Database or publisher	Journal	Author(s)	Title of article	Study design	Participants	Key findings and recommendations
			members of Razi University of Kermanshar (Iran)			Shared leadership is related to knowledge creation.
SABINET	Africa Journal of Nursing and Midwifery. 2015. 18(1):1–14.	Jooste, K, Ahanonu, L, Arunachallam, S, Rashe, H, Julie, H, Willemse, JJ, Bimray, P & Essa, I	The meaning of self-leadership for nursing academics of a research programme in the context of a higher education institution in the Western Cape	Qualitative exploratory, contextual, narrative	Nurse academics in a leadership programme in nursing schools, Western Cape Province, South Africa n=8	Nurse educators attached meaning of self-leadership to being driven by motivation and self-influence. Their meaning includes shared, reflective and collaborative leadership.
SABINET	South African Journal of Higher Education. 2014. 28(16):1732–1749.	Jooste, K, Julie, H, Le Roux, L, Willemse, J, Rashe, V, Essa, I & Arunachallan, S	Prior expectations of leadership programme attendees and their subsequent reflections on completion thereof	Qualitative: exploratory and descriptive Individual narratives used Research design: participatory action research	Nurse academics n=8	Transformational leadership can engender a high commitment and independent behaviour (self-leadership) in nurse academics. Self-leadership is the integral aspect of the nurse academic role. Self-leadership is linked to other leadership concepts: transformational leadership, shared leadership and collaborative leadership.
SABINET	African Journal for Physical, Health Education, Recreation and Dance.	Jooste, K & Le Roux, LZ	The practice of self-leadership in personal and professional development of contract nursing staff in the	Literature review on self-leadership integrated within the context of contract nursing staff at the	Contract nursing staff in a higher education institution in Western Cape, South Africa	Organisations should provide training interventions that support contract workers with self-leadership, focusing on individual ability to use own authority, power and influence.

Database or publisher	Journal	Author(s)	Title of article	Study design	Participants	Key findings and recommendations
	2014. Supplement 1(1):275–285.		environment of a higher education institution	a nursing school		
Mediterranean Centre of Social and Educational Research	Mediterranean Journal of Social Sciences. 2015. 6(1)S1:35–41.	Kumar, AK	Faculty's self-leadership and organisational identification in promoting universities as learning organisations	Conceptual framework paper: Literature review	Faculties in universities	<p>Faculty members who identify positively with the organisation tend to think creatively and share their ideas with top management and other faculty, which in turn benefit students.</p> <p>Organisational identification brings out the quality of self-leadership by subconsciously persuading faculties, enabling them to learn and deliver.</p>
Social Science Research Network	International Journal of Economics Business and Management Studies. 2013. 2(1):1–11.	Mansor, A, Darus, A & Dali, MH	Mediating effect of self-efficacy on self-leadership and teachers' organisational citizenship behaviour: A conceptual framework	Theoretical: conceptual framework	Literature review	<p>A teacher with high levels of self-leadership and self-efficacy is able to dedicate more time to others and tasks, for example, staying late at work and assisting other teachers.</p> <p>Teacher managers and policy makers should increase self-leadership and self-efficacy of teachers to increase teacher performance.</p>
Academic Search Premier	Educational Management Administration & Leadership. 2012. 40(6):707–723.	Marshall, G, Kiffin-Petersen, S & Soutar, G	The influence personality and leader behaviours have on teacher self-leadership in vocational colleges	Quantitative, Correlational: questionnaires	Teachers in a vocational college in Australia n=418	<p>Self-leadership leads to improved performance.</p> <p>Transformational leadership positively influences teacher self-leadership.</p> <p>Training in transformational leadership behaviours facilitates teacher self-leadership.</p>
Education Source	Journal of Institutional Research in South East Asia. 2017. 15(3): 73-85.	Mendoza, HGP	Self-leadership and core self-evaluations: an approach to a personal management	Quantitative, description, correlational	faculty members of a non-sectarian, co-educational private higher education	Faculty members have high levels of empowerment and conscious knowledge of themselves, very strong values and foundations for their motivation, and deep and solid personal outlooks. Their self-leadership gives them the capability to control their

Database or publisher	Journal	Author(s)	Title of article	Study design	Participants	Key findings and recommendations
			development programme		institution (university) in Cagayan de Oro, a major city of Southern Philippines n=150	own actions and thinking, therefore enabling them to cope with and respond effectively to situations. Personal development within the professional workplace is a continuing process which is most achievable if it is from a personal initiative.
Human Resource Management Academic Research Society	International Journal of Academic Research in Economics and Management Sciences. 2013. 2(5):192–203.	Razieh, A, Reza, A & Saeid, R	The analysis of relationship between self-leadership strategies and components of quantum organisation at universities	Quantitative: correlation research method	Faculty n=210	<p>If self-leadership levels are high among faculty members, problems in the university are better solved.</p> <p>Organisations need to invest in developing self-leaders to improve overall functioning, for example, training to enhance self-leadership skills.</p> <p>Shared leadership is necessary for innovation.</p> <p>Self-leadership and quantum organisation are related.</p> <p>Self-leadership is key for organisations that emphasise thinking together, dialog and learning.</p>
JOE.org	Journal of Extension. 2012. 50(5):n.p.	Ricketts, KG, Carter, HS, Place, NT & McCoy, T	A look inside: Self-leadership perceptions of extension educators	Quantitative, correlational, exploratory	agricultural educators n=249	<p>There is a lack of awareness among the extension educators of how their thought processes contribute to leadership.</p> <p>Professional development on self-leadership should be available to extension educators throughout their careers, for example, core trainings and in-services on self-leadership strategies.</p> <p>Knowledge of self-motivation will lead to increased participation in community activities.</p>

Database or publisher	Journal	Author(s)	Title of article	Study design	Participants	Key findings and recommendations
Education Source	Educational Sciences: Theory & Practice. 2017. 17:9465-968	Sesen, H, Tabak, A & Arli, O	Consequences of self-leadership: A study on primary school teachers	Quantitative, correlational	teachers working in primary schools in Turkey n=440	The teachers who internalised self-leadership behaviours are more likely to show high commitment to the school, job satisfaction and innovation which requires self-evaluation, self-motivation and self-goal setting. Education bureaucrats and principals should encourage teachers to display more self-leadership behaviours.
SAGE	Journal of Experiential Education. 2008. 31(2):168–188.	Thomas, G	Facilitate first thyself: The person-centred dimension of facilitator education	Naturalistic inquiry approach and interpretivist paradigm: Qualitative surveys using semi-structured interviews, participant observation, thematic analysis and graduate surveys	Facilitator educators in an experiential education context n=7: (4=Australia 2=New Zealand 1=USA) Emerging facilitators (graduates) n=104	Facilitator educators emphasise the need for self-awareness and self-exploration to emerging facilitators to prepare them for situations where there are high levels of interpersonal conflict. If facilitators can manage themselves, they can manage groups and also use “the self” as a facilitating instrument. Facilitators should practise self-facilitation. Emerging facilitators are taught about the concept “being with” meaning a conscious act of connecting with others by being aware of your own sense of self, while at the same time, sensing the self of another.

ANNEXURE J: PROPOSED PRELIMINARY GUIDELINES

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
THEME 1: The self-leadership practices of nurse educators	1. Self-reflection	<ul style="list-style-type: none"> Individuals have the capacity to self-reflect as they pursue their goals, which enable them to exercise internal control (self-regulation) over their thoughts, feelings, motivations and actions. Active and purposeful self-reflection lead to refinement of thoughts and behaviours and a realisation of the level of accountability they have towards students' teaching and learning in preparation of students for the rapidly changing and globalising workplaces. Self-leading nurse educators actively engage in deep self-reflection and introspection in order to have a better understanding of their own behaviour around others with the ultimate goal of making positive improvements and meaningful change within the nursing education institution. Teaching has a high emotional demand and can be highly stressful, leading to feelings of self-doubt 	<p>Promote self-leadership practice through engagement in self-reflection</p> <p>Rationale: Engaging in self-reflection on teaching and interactions with others prepares nurse educators to respond appropriately to various situations and improve interpersonal relationships with students and peers, as well as improve teaching and learning</p>	<ul style="list-style-type: none"> Nurse educators engage in self-reflection by: <ul style="list-style-type: none"> Continually questioning their teaching activities, self-correcting their performance and re-assessing their values, strengths and areas for growth or improvement. Taking time to reflect on novel or uncertain situations that occurred in their classrooms, and evaluate the extent to which they adjusted their thoughts, behaviour or emotions to manage such situations. Taking notes (journaling) about critical events throughout the day to reflect on achievements and areas of improvement Soliciting feedback from significant others in the nursing education institution (colleagues, students, leaders) on aspects of behaviour such communication, innovativeness, structuring of the work environment, acts of integrity and teamwork, decision-making, motivation, and interpersonal skills. Constantly reflecting on whether they fulfil their expected role of being resourceful role models who embody the values and image of the nursing profession to their colleagues and students. Model questioning and reflection as methods of teaching, and apply new ideas that contribute to the improvement of nursing education and nursing practice (WHO, 2016:13, 27). Engaging in the practice of mindfulness, wherein they can focus on the contexts and activities, with an accepting attitude. Engaging in self-care and individual lifestyle behaviours that promote the attainment of optimum functioning and fulfilment (wellness),

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		easily creeping in on educators		<p>and participate in institutional wellness programmes, encompassing the physical, social, emotional, spiritual, intellectual and environmental aspects in an integrated way.</p> <ul style="list-style-type: none"> • The nursing education institution engage by: <ul style="list-style-type: none"> ○ Investing in training programmes that focus on the development and enhancement of nurse educators' self-reflection skills. ○ Sending managers to undergo training on self-awareness and self-reflection, from which they will benefit from the ability to self-reflect and supervisory skills that will enable them to empower nurse educators, create a favourable work climate for educators characterised by resilience, innovation and change. ○ Introducing initiatives that promote self-leadership through supporting the nurse educators' work-life balance in the following ways: <ul style="list-style-type: none"> - Develop work-life policies aimed at offering nurse educator assistance through improved work scheduling such as flexi-hours, compressed work weeks, job sharing, tele-communicating, leave options, and child or dependent care services, as a way of promoting improved quality of life, work performance, and organisational commitment. - Managers strive to understand and offer emotional support (empathy, care, concern, and trust), instrumental support (time, money, resources, responsibility, and energy), appraisal support (assessment, consideration, approval, and opinion), and informational support (advice, insights, and suggestions), which are essential in increasing work-life balance and facilitate self-leadership growth.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<ul style="list-style-type: none"> ○ Promoting a culture of wellness in the institution that addresses the holistic health needs of nurse educators encompassing their physical, psychological, social and spiritual dimensions so that the nurse educators can achieve their full potential through health awareness.
THEME 1: The self-leadership practices of nurse educators	2. Self-control	<ul style="list-style-type: none"> • Nurse educators demonstrate genuine emotions, monitor and maintain a sense of internal control to their feelings, thoughts and actions when interacting with others such as students and peers, as this has an effect on the teaching-learning process. • Nurse educators who are aware of their thinking understand themselves, and are more readily able to make informed and logical decisions when working with students and colleagues. • Nurse educators with self-control intentionally identify and confront emotions that are disruptive to the teaching and learning process and their interpersonal relationship with peers and students. 	<p>Exercise self-control during the teaching and learning processes</p> <p>Rationale: Engaging in self-control facilitates focusing on long term goals, self-chosen beliefs and principles and impulse and behaviour control as these an effect on teaching and learning.</p>	<ul style="list-style-type: none"> • Nurse educators engage in the following activities: <ul style="list-style-type: none"> ○ Ensuring positive relationships with students through developing trust, sharing power in developing rules, and respecting students. ○ Developing credibility by demonstrating consistency and fairness in all activities including establishment of classroom rules, allocation of marks (marking), monitoring student behaviour, and following through on promises. ○ Striving to be role models to peers and students and earn authority by demonstrating knowledge of subject and content, taking time to understand student development and learning theories. Examples are going to class prepared, demonstrate good teaching skills, be sensitive to students' needs and treating students with respect. ○ Practicing mindfulness by objectively observing and managing emotions through controlling their thoughts and emotions, restrain undesirable impulses, resist temptations, break bad habits, keep good self-discipline, maintain motivation, and persist with their goals when difficulties arise. • The nursing education institution implement preventative emotion-focused and task-focused measures to mitigate the onset of poor psychological functioning in nurse educators that may lead to emotional exhaustion and work disengagement.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
THEME 1: The self-leadership practices of nurse educators	3. Self-goal setting	<ul style="list-style-type: none"> • Self-goal setting produces positive effects on performance and other desirable outcomes • Nurse educators have goals that reflect their needs, motives, values and environmental demands in order to improve their performance. • Nurse educators set goals and prioritise them according to importance but this will require them to exercise discipline in order to achieve them. 	<p>Set personal and professional goals that stimulate the self to teach purposefully</p> <p>Rationale: Setting own professional goals provides nurse educators with a sense of ownership over their teaching, which in turn directs their attention to their teaching, making the teaching activity personally meaningful and providing an opportunity to monitor their own progress</p>	<ul style="list-style-type: none"> • Nurse educators engage in the following self-goal setting initiatives: <ul style="list-style-type: none"> ○ Creating a personal vision that aligns their personal and professional goals. Professional goals that are challenging, reflect individual's personal needs, motives and motivate individuals to move out of their comfort zone but lead to improved performance. ○ Based on the individual motivation, developing a personal mission statement that describes one's fundamental purpose, encompassing their own personal and professional objectives, long-term goals, and a guiding philosophy. ○ In order for nurse educators to bring their vision to life and accomplish their personal mission, they set goals that are specific, measurable, attainable, realistic, and time bound (SMART); then write down action steps, resources, time lines, and indicators of success. ○ Compiling a teaching portfolio that invokes reflection on one's personal teaching philosophy and encourages the development of personal teaching goals and objectives. • The nursing education institution inculcate the development and utilisation of an evidence-based coaching programme as an effective means of supporting personal and professional development for nurse educators. The programme should cover the following: <ul style="list-style-type: none"> ○ identifying desired outcomes or future vision ○ delineating specific goals ○ identifying personal strengths and building competence to enhance motivation ○ identifying resources and formulating action plans

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<ul style="list-style-type: none"> ○ monitoring and evaluating progress toward the goals ○ modifying action steps (based on evaluation of progress) ● The nursing education institution creates a non-threatening coaching environment that promotes a supportive and confidential relationship between coach and the protégé in which to discuss personal and professional issues. ● The coaching programme aims to provide an important platform for purposeful change and development to reduce anxiety and stress and facilitate the development of new behavioural repertoires, as well as build self-efficacy and enhance well-being, and ultimately enhance self-leadership skills.
THEME 1: The self-leadership practices of nurse educators	4. Self-development	<ul style="list-style-type: none"> ● Nurse educators take their own initiatives to up-skill themselves in order to improve their performances and not wait for the nursing education institution to develop them. ● Nurse educators constantly update their knowledge and skills in their specialty areas or taught content to ensure continued learning and competence that keeps up with demands of society health challenges ● Nurse educators viewed continuing professional development (CPD) as an intervention that would motivate them to engage in self-leadership. 	<p>Strengthen capacity through engagement in self-development activities Rationale: When nurse educators engage in self-development, they develop more competence and confidence thus producing a positive attitude towards their teaching and learning, which may in turn, lead to improved performance.</p>	<ul style="list-style-type: none"> ● Nurse educators engaging in self-development in response to the changing demands from the health and education environment, without waiting for opportunities for training and development from the nursing education institution, in the following ways: <ul style="list-style-type: none"> ○ Engaging in own professional development through activities such continuing professional development (CPD) activities that are relevant to their area of work, for example attending workshops, courses, seminars and conferences. ○ Identifying own learning needs for self-development based on the current and future health and education trends. ○ Constantly updating their knowledge and skills in their specialty areas or taught content to ensure continued learning and competence.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		<ul style="list-style-type: none"> • Nurse educator attend courses which are relevant to the content that they teaching so that you can develop. 		<ul style="list-style-type: none"> ○ Taking time to research new information and developments in their areas of teaching through self-directed learning. ○ In the absence of designated mentors, nurse educators should show initiative and find resources to read, research and observe colleagues in order to develop the necessary teaching skills. ○ Use networking as a tool to facilitate their professional development when meeting others who can learn of the quality of their work, and who might later serve as references, provide peer review, and nominate them for scholarly awards. ○ Maintain a professional record (curriculum vitae and portfolio) that demonstrates current nursing and teaching competence (WHO, 2016;14). • The nursing education institution should support nurse educator's life-long learning and self-directed learning by conducting training needs analysis annually and encourage nurse educators in pursuing formal and informal training in their areas of practice in line with the institutional strategic goals. An example of informal training is seeking out coaching opportunities for nurse educators. • The South African Nursing Council should implement the long-awaited CPD system that promotes life-long learning so that nurse educators can pursue and achieve professional growth, remain up to date and relevant to the constantly changing health and education needs of the population throughout their careers in a sustained manner.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
THEME 1: The self-leadership practices of nurse educators	5. Role modelling	<ul style="list-style-type: none"> • Nurse educators demonstrate self-leadership through role modelling good behaviour to peers and students. • Being a role model is perceived as a self-leadership practice. • Nurse educators are consciously aware that they play an influential role in the professional socialisation and development of students, • Self-leadership was viewed as a practice that promotes the image of the nursing profession, through effective communication and demonstration of good conduct. 	<p>Motivate students and peers through engagement in role modelling of good teaching and behaviours</p> <p>Rationale: Nurse educators who role model positive behaviours provide an example for colleagues and students, leading to improved performance.</p>	<ul style="list-style-type: none"> • Nurse educators endeavour to accomplish the following activities: <ul style="list-style-type: none"> ○ Being knowledgeable of all areas of the theoretical component of the nursing curriculum; areas of clinical practice in nursing; evidence-based and up-to-date nursing content and related subjects. ○ Role modelling critical thinking in all areas of teaching, including theory and clinical aspects, promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling (WHO, 2016:14,21). ○ Role modelling the following activities to students and colleagues: meeting deadlines on tasks, giving timeous feedback to students, adhering to teaching schedules (time tables), commencing work on time, and developing lesson plans. ○ Maintaining the professional image of nursing through attending to personal appearance (dress), posture, personal habits, manner of speaking, self-confidence, quality of work and orderliness of the work environment (being organised). ○ Role modelling respectful and professional behaviours, and demonstrate caring and regard for their subordinates.
THEME 1: The self-leadership practices of nurse educators	6. Collaboration and partnerships	<ul style="list-style-type: none"> • Nurse educators and other stakeholders collaborate and work together collectively as a team to pull together resources and ideas. • Divisive groups and cliques within nursing education institutions undermine teamwork 	<p>Engage in teamwork and sharing of ideas with peers</p> <p>Rationale: When nurse educators work together, they form professional and personal relationships, draw support from each another and can share tasks that allow each teacher to feel effective, ultimately contributing to the institution's</p>	<ul style="list-style-type: none"> • The nurse educator collaborates by: <ul style="list-style-type: none"> ○ Developing, managing and evaluating curriculum, programmes, courses and clinical teaching and learning experiences with colleagues (WHO, 2016:28) ○ Assuming roles in the absence of colleagues including the leadership role in the absence of designated leaders.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		<ul style="list-style-type: none"> • Self-leadership is beneficial not only for individuals but it also for educator teams and the institution as a whole. • An example of collaboration through taking leadership role is performing duties of designated or formal leaders such as academic head of department and principal when they were engaged elsewhere outside of the institution. 	improvement and student success.	<ul style="list-style-type: none"> ○ Soliciting feedback from peers and students in order to evaluate own teaching competencies and to improve role effectiveness. • The nursing education institution collaborates by: <ul style="list-style-type: none"> ○ Providing a platform for peer support that facilitates collaboration, innovation, and pedagogical inquiry. ○ Ensuring adequate teaching and learning resources that support the nurse educators' instructional styles, and minimise competition for resources amongst nurse educators. ○ Creating an environment that encourages nurse educators to form communities of teaching and learning with their colleagues (peers). ○ Creating an environment that facilitates dialogue among nurse educators beyond direct task fulfilment or any other departmental demands, ○ Assisting nurse educators to build a rapport and respectful professional relationships in which they view one another not as competition, but as equal scholar practitioners with whom they can derive expertise as well as emotional and professional support; encouraging a collaborative culture built upon narrative experiences. ○ Encouraging the practice of knowledge sharing amongst nurse educators within the institution, and discuss different ideas around curricula and programme design, development, management, delivery and evaluation, thus supporting innovation. ○ Taking bold decisions and replace entrenched bureaucratic practices, hierarchies and power structures to enable collaboration and teamwork activities amongst nurse educators and their managers.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
THEME 2: Motivational factors in nurse educator self-leadership	1. Intrinsic factors	<ul style="list-style-type: none"> • Nurse educators described feelings of satisfaction after engaging in certain activities, without any expectation of any form of rewards from the institution. • Nurse educators with a positive inner drive demonstrate development of deep interest in their own work to achieve academic success. • Educators were intrinsically motivated when they engaged in activities for their inherent pleasure and satisfaction. • Educators experienced a deep sense of gratification when they perceive their teaching is successful. 	<p>Engage in self-directed activities that promote feelings of confidence, self-efficacy and competence</p> <p>Rationale: Intrinsically motivated nurse educators are focused on their core values, purpose and direction, enjoy teaching for natural reward and are more likely to take responsibility and accountability of their actions, participate in decision-making processes and motivate others to engage in self-leadership activities to improve their performance.</p>	<ul style="list-style-type: none"> • Nurse educators motivate themselves by: <ul style="list-style-type: none"> ○ Putting more effort on interest and enjoyment in their teaching, as they will become more intrinsically motivated when they see students learn and grow in the profession. This intrinsic motivation will facilitate nurse educators to feel naturally drawn, or pulled toward completing their tasks based on personal enjoyment in a manner that is fully volitional, self-determined and autonomous. ○ Being creative educators who utilise innovative teaching methodologies and incorporate the following social and digital integrated systems of technology in their teaching: socio-digital networking; flexible use of digital media; multitasking; intellectual ICT tools; internet searches; working on screen; using smart phones and phones when preparing a group solution; extended networks; knowledge creation. ○ Engage in upscaling or updating of their skills in order to adapt themselves to the ever-changing systems and technologies such as those brought about by the Fourth Industrial Revolution (4IR). • The nursing education institution motivates by: <ul style="list-style-type: none"> ○ Encouraging nurse educators to be innovative, creative and take risks in the classroom and not to give up when they experience difficulties during the teaching and learning process. ○ Preparing professional development programmes for managers on the integration of nurse educators in decision-making processes and dealing effectively with new ideas to promote organisational climate and psychological empowerment of nurse educators.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<ul style="list-style-type: none"> ○ Ensuring that nurse educators have access to support, information and resources needed to promote student learning, which will increase their sense of accomplishment and be intrinsically motivated to teach. <ul style="list-style-type: none"> - Support refers to feedback and guidance received from superiors, peers, and subordinates. - Information refers to the data, technical knowledge, and expertise required to function effectively in one's position. - Resources are the materials, budget, supplies, equipment, and time necessary to accomplish organisational goals.
THEME 2: Motivational factors in nurse educator self-leadership	Extrinsic factors	<ul style="list-style-type: none"> ● Financial rewards were viewed as a source of motivation to teach. ● Nurse educators indicated that they relied on the performance appraisal system, feedback from supervisors showing appreciation, as well as the fringe benefits of contractual nurse educators as incentives that motivated them to improve their performance. ● Rewards such as “pay for performance” can result in extrinsic focus, which can produce short-term gains on targeted outcomes, and lead to negative spill-over effects on subsequent performance and work engagement. 	<p>Discourage nurse educator reliance on external sources for motivation</p> <p>Rationale: To discourage nurse educator reliance on external factors such as recognition, rewards and incentives for motivation; and instead encourage promotion of nurse educator engagement in activities that promote deep satisfaction, knowledge and feelings of competence.</p>	<ul style="list-style-type: none"> ● Nurse educators motivate themselves by: <ul style="list-style-type: none"> ○ Engaging in co-learning, self-development and participation in optimally challenging tasks in order to increase feelings of competence and self-determination when executing duties. ○ Adequately preparing lessons, manage classes effectively, and seek access to supportive environment, so that they eventually achieve mastery in a subject. ○ Creating a task-oriented environment that emphasises effort and progress in feedback to their students, leading to satisfaction when students learn new skills, improve and cooperate to learn. ○ Identifying enjoyable aspects of work activities such as teaching a subject that is naturally interesting or focusing on an interesting subject due to the natural desire to learn mastery of it. ○ Possessing the following elements that promote deep satisfaction, knowledge and feelings of competence: <ul style="list-style-type: none"> - <i>Vigour</i>: display passion, high energy levels and mental versatility when working, and must

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		<ul style="list-style-type: none"> The nurse educators derived motivation from external motivators such as colleagues, management and incentives. 		<p>always have the readiness to put increased effort in one's work and be innovative even when faced with challenges.</p> <ul style="list-style-type: none"> - <i>Dedication</i>: display a solid presence in their work, defined by excitement and pride in their activities, and feeling invigorated by it. - <i>Absorption</i>: completely focused and completely immersed on their work, without giving attention to distractions. <ul style="list-style-type: none"> The nursing education institution motivates by: <ul style="list-style-type: none"> o Providing opportunities for CPD training workshops and scholarships for nurse educators to study further to enhance their mastery of subject content in their areas of speciality. o Striving to recruit nurse educators with the following self-leadership dispositions that are intrinsic in nature: <ul style="list-style-type: none"> - Reflective temperaments such as self-awareness, competency, open-mindedness, empathy, open-mindedness, justice, logical reasoning, courage, commitment and confidence, empathy, responsibility and accountability. - Motivation, enthusiasm and perseverance (resilience) - Good interpersonal relationship and communication skills. o Ensuring that the managerial practices in the institution make employees feel free, autonomous and psychologically empowered. o Allocating nurse educators in situations and positions that highlight their value and relevance to the institution, such as allocating them to teach the subjects of their choice or specialisation. o Contributing into nurse educator empowerment by mobilising resources, support and information

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<p>needed for educators to effectively accomplish their work.</p> <ul style="list-style-type: none"> • The nursing education institution ensures the following are in place with regard to performance management system: <ul style="list-style-type: none"> ○ The performance management system is crafted in such a way that the institution identifies the human, financial, technical and institutional support available for nurse educators and locate the consequences on the natural or logical result of performance rather than a reward or incentive. ○ During appraisals, nurse educators are given an opportunity to evaluate themselves and measure their own success, using a criteria that they themselves helped to create upfront (accountability), thus engaging in self-leadership within the framework of the agreement.
THEME 3: Facilitation of self-leadership in nurse educators	1. Self-leadership training	<ul style="list-style-type: none"> • Organisations invest in the development of self-leadership strategies of staff to adapt and enhance their self-leadership skills. • There should training programmes offered to nurse educators, that are aimed at stimulating their self-leadership.. • Organisations invest in developing self-leaders through training that enhances self-leadership skills to improve overall functioning of the organisation. • Organisations train personnel to adapt and 	<p>Enhance nurse educators' self-leadership through self-leadership training</p> <p>Rationale: Training nurse educators on self-leadership skills or strategies strengthens their self-leadership capacity and improve performance</p>	<ul style="list-style-type: none"> • The nursing education institution provides training to nurse educators and their managers on self-leadership strategies, focusing on the following areas, amongst others: <ul style="list-style-type: none"> ○ The three dimensions of self-leadership namely; thought pattern strategies, behaviour-focused strategies and natural reward strategies. ○ Skills for addressing difficult, unattractive, but necessary tasks; skills for building natural motivation into work; and skills for establishing constructive thinking patterns. ○ Mindfulness training can be integrated into the training to promote greater emotional awareness and emotional regulation, along with increased feelings of calmness, relaxation and self-acceptance.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		enhance their self-leadership skills and thereby improve their performance.		<ul style="list-style-type: none"> • The following are some considerations to be taken into account when preparing for a self-leadership programme: <ul style="list-style-type: none"> ○ There must be a firm belief on the individual nurse educator's part that he or she wants to set and commit to the goals of the self-leadership programme and must possess a strong commitment to change. ○ Because self-leadership training is a unique type of intervention that explicitly teaches skills associated with conscientious behaviour, nurse educators who are already conscientious may not be suitable as they already have the ability to engage in goal-setting and self-directed behaviour and have a lesser need for self-leadership training. ○ Individuals should be prepared to practise self-leadership techniques with one behaviour at a time, allowing them to focus effort on the behaviour to be changed ○ The programme and its activities should be such that it discourages the individual from concentrating on activities with immediate rewards that may be detrimental to self-leadership. • The individual should be motivated to keep track of and monitor his or her own behaviour (self-monitoring).
THEME 3: Facilitation of self-leadership in nurse educators	2. Management and peer support	<ul style="list-style-type: none"> • Provision of support by peers facilitates nurse educators feeling motivated and emotionally stimulated to continue engaging in teaching and learning activities. • Factors such as professional jealousy 	<p>Facilitate nurse educator self-leadership through management and peer support</p> <p>Rationale: Provision of support by colleagues and management would ensure that nurse educators get access to available expertise and</p>	<ul style="list-style-type: none"> • The nursing education institution manages by: <ul style="list-style-type: none"> ○ Providing a platform that seeks to offer nurse educators support with feedback and guidance from their superiors, peers, and subordinates on matters related to classroom content and instruction. ○ Supporting nurse educator engagement in collegial relationships in order to provide personal

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
		<p>exacerbate nurse educators not supporting each other and working in isolation.</p> <ul style="list-style-type: none"> • Divisive groups and cliques undermine teamwork within the nursing education institutions. • Nurse educators expect to be recognised, respected, treated fairly and equally, and provided with guidance when they are delegated activities that are challenging in nature. • When individuals receive clear feedback and support from management, they are likely to become more autonomously motivated, perform and learn better, and be better adjusted in their engagement in self-leadership. 	resources necessary for practising self-leadership in the nursing education institution	<p>and professional support to each other so that there can be enhanced understanding of role expectations, career-related issues and relationships within the institution, which in turn improves the self-confidence of other educators.</p> <ul style="list-style-type: none"> • Managers are encouraged to: <ul style="list-style-type: none"> ○ Support their colleagues by providing coaching, with emphasis on <i>affective or emotional support</i>. This type of support is useful when educators need assurance when they have doubts about the effectiveness of their teaching, their knowledge about the teaching/curriculum framework and its implementation, their teaching strengths, and areas in which they can improve. This support could encourage nurse educators to take risks in the classroom and not to give up when they experience difficulties during the teaching and learning process. ○ Be mindful of the different and unique individual nurse educators' strengths and areas of support and consider their needs, abilities, and aspirations in such a way that facilitates innovation and empowers nurse educators with their varying levels of enthusiasm toward self-direction and cooperation. ○ Undergo emotional intelligent leadership skills programmes as these skills are vital for the creation of an authentic, supportive environment that facilitates a positive empowerment process for nurse educators' well-being, and creates a work climate characterised by new ways of thinking, innovative knowledge creation and resilience.

Theme	Category	Concluding statements	Guideline	Recommendations for implementation
				<ul style="list-style-type: none"> • The nursing education institution provide autonomy-supportive work climates in the following ways: <ul style="list-style-type: none"> ○ Training and encouraging managers on the utilisation of autonomy-supportive managerial styles that provide nurse educators' autonomy support, whereby managers strive to understand and acknowledge the nurse educator' perspectives, encourage self-initiation (initiative behaviours), minimising pressures and controls, and providing relevant information and meaningful rationale. ○ Creating an environment wherein managers are encouraged to socialise nurse educators on intrinsic motivation as it plays a significant role in persistence, performance, and productivity with the potential to increase effectiveness outcome. ○ Creating an environment that encourages educators to take personal initiatives, offer opportunities for choice, provide optimal challenges to employees, support educators' competencies and facilitate social interactions. ○ Fostering and encouraging autonomy-supportive leadership practices from managers. Examples include efforts by managers to seek staff input on policies, provide opportunities for staff to be involved in institution-level decision-making, listen to educators' needs, attempt to understand issues from educators' perspectives, and provide positive reinforcement regarding the educators' ability to effectively fulfil the requirements of their job.

ANNEXURE K: LETTER TO GUIDELINE VALIDATORS



28 October 2019

Dear Sir/Madam

REQUEST FOR VALIDATION OF THE GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

The attached preliminary guidelines were developed based on the findings of the study on the self-leadership in nurse educators. The study was conducted as part of the fulfilment of the requirements for the DLitt et Phil (Health Studies) degree at the University of South Africa, under the supervision of Professor Gisela van Rensburg.

This letter serves to request your assistance to validate the guidelines in your capacity as an expert in the field of guideline development, nursing education leadership, or nursing education.

Please indicate whether the guidelines conform to the attached criteria by answering the questions. Feel free to attach extra notes if the space provided is not sufficient.

Kindly return the comments at your earliest convenience but not later than **04 November 2019**.

Yours sincerely

Vhothusa Edward Matahela
Cell number: 082 531 4111
E-mail: vhothusa@yahoo.com

ANNEXURE L: GUIDELINE VALIDATION FORM



GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

GUIDELINE VALIDATION FORM

Please indicate whether the guidelines conform to the following criteria by answering the following questions. Feel free to attach extra notes if the space provided is not sufficient.

Clarity: Are the guidelines clearly formulated? Please tick:

Yes	No
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Comments:

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Comprehensiveness: Are the guidelines complete? Do they cover all the themes identified in the attached document? Please tick:

Yes	No
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Comments:

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Credibility: Do the guidelines address what is indicated by the themes. Do they have relevance to self-leadership in nurse educators?

Yes	No
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Please tick:

Comments:

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Applicability: Are the guidelines appropriate for application (implementation)? Please tick:

Yes	No
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Comments:

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Adaptability: Can the guidelines be adapted to different nursing education contexts?

Please tick:

Yes	No
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Comments:

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Validity: Can the guidelines be accepted as valid for their purpose, as indicated in the attached document? Please tick:

Yes	No
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Comments:

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ANNEXURE M: CO-CODER CERTIFICATE

Qualitative Data Analysis

D.Litt et Phil (Health Studies)

VHOTHUSA E MATAHELA

THIS IS TO CERTIFY THAT

Dr. Annie Temane has co-coded the following qualitative data:

4 Focus Group Interviews

For the study:

**GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE
EDUCATORS**

I declare that the candidate and I have reached consensus on the major themes, categories and codes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Annie Temane



M.A.Temane (D.Cur; Research Methodology)

annie.temane@gmail.com

ANNEXURE N: STATISTICIAN CERTIFICATE

26 November 2019

Letter of Statistician

RE Statistical analysis of the dissertation: “GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS”

TO WHOM IT MAY CONCERN

This letter serves to confirm that HJ Gerber was involved in the empirical research efforts of Mr Vhothusa Edward Matahela for his Doctor of Literature and Philosophy study at the Department Health Sciences of the University of South Africa.

HJ Gerber can vouch for the accuracy of the statistical evaluation undertaken for the empirical chapter of the student’s dissertation.

Although every effort was made to ensure that the student presented the statistical results correctly, HJ Gerber cannot accept responsibility for the structure and presentation of the results of this study.


Kindly contact me should you need to verify the contents of this letter, should it be required.

Hennie Gerber

Statistician

hjgerber@gmail.com

083 229 9993


.....

ANNEXURE O: LANGUAGE EDITOR CERTIFICATE

GENEVIEVE WOOD

P.O. BOX 511 WITS 2050 | 0616387159

EDITING CERTIFICATE

LANGUAGE EDITING SERVICES

Date: 2019/12/05

This serves to confirm that the document entitled:

GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS

by

VHOTHUSA EDWARD MATAHELA

has been language edited on behalf of its author, with recommendations for improvement.



Genevieve Wood

PhD candidate

Wits University

ANNEXURE P: TURNITIN ORIGINALITY REPORT

[Skip to Main Content](#)

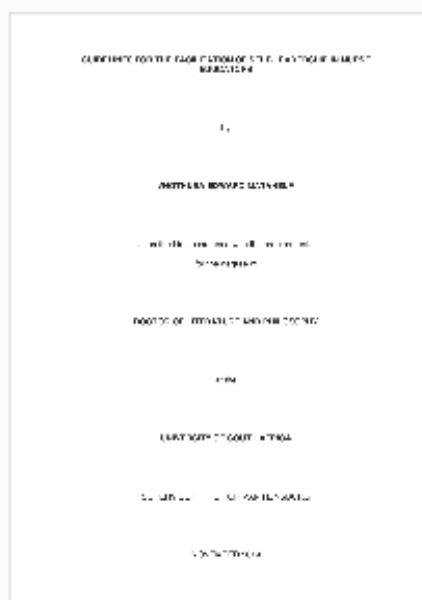


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GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS by VHOTHUSA EDWARD MATAHELA submitted in accordance with the requirements for the degree of DOCTOR OF LITERATURE AND PHILOSOPHY at the UNIVERSITY OF SOUTH AFRICA SUPERVISOR: PROF GH VAN RENSBURG NOVEMBER 2019 Student number: 55752187 DECLARATION I declare that GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality. I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution. SIGNATURE Vhothusa Edward Matahela 29 November 2019 DATE GUIDELINES FOR THE FACILITATION OF SELF-LEADERSHIP IN NURSE EDUCATORS STUDENT NUMBER: STUDENT: DEGREE: DEPARTMENT: SUPERVISOR: 55752187 VHOTHUSA EDWARD MATAHELA DOCTOR OF LITERATURE AND PHILOSOPHY HEALTH STUDIES, UNIVERSITY OF SOUTH